

A model for the creation and operation
of an integrated children's services
team:

Can collaborative inquiry be used as a
tool to facilitate the professional
acceptability of organisational change?

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Declaration and Word Length

I hereby declare that, except where explicit attribution is made, the work presented in this thesis is entirely my own.

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Nick Johnson
March 16 2006

The EdD programme of professional development Nick Johnson

A statement assessing the progress of professional learning and the contribution of the research to professional development

The changing education paradigm – why was the EdD programme important for me?

I am not an educationalist by profession. I found myself in the role of the Director of Education in a demanding London borough, after some years of experience managing social services and other local authority functions. I needed an opportunity to assimilate and understand the issues facing head teachers and school governors. The doctorate programme provided a unique combination of learning and policy evaluation at a time of considerable change in the requirement for LEAs and schools to implement strategies leading to integrated children's services.

Professionalism and managerialism

The practical implications of policy change make significant demands. Understanding the foundations of professionalism and managerialism are undoubtedly fundamental to the planning of change in the operational world. I am particularly interested in the effects of performance measurement on the attitude and commitment of professionals, and how the professional acceptability of change can be enhanced. The taught modules of the EdD provided an excellent analytical framework for me to understand the importance of these issues and, more vitally, to appreciate the empirical evidence available from social research.

The theme of my interest throughout the doctorate programme has been the *Every Child Matters* agenda for reform; in particular, the importance of integrated professional working. The professionalism module, and the specialist study area of education policy, provided a sound basis to appreciate the critically important issues that need to be evaluated before new initiatives can be implemented effectively

At the completion of this stage of the doctorate programme I had a range of hypotheses and propositions to test. How would multi-agency teams of professionals respond to the integration agenda, and would a prescriptive pattern of governmental guidance lead to the successful implementation of the Children Act 2004?

Arguing the case – methods in social research

Another fundamental advantage of the doctorate programme for me has been the appreciation of methods of social research, particularly related to discourse analysis and semi-structured interview. I found the more detailed practical understanding of these techniques invaluable, especially as I was then at a stage in my work having to move quickly into the implementation of the new Children's Trust arrangements. As a result of the methods programmes I was able to consider how best to apprise myself of the views and attitudes of the professionals, practitioners and managers responsible for the implementation of change.

Questions of research ethics were of particular relevance in my situation. As the principal manager responsible for leading change and the researcher, I had to learn how to avoid errors in validity and generalisability, as well as maintaining scrupulous standards within the organisation I manage.

The experience of planning and undertaking relevant research was essential to my appreciation of these issues. I chose to conduct research into my own organisation and maintain the theme of evaluation of the challenge of implementing Every Child Matters.

This was achieved through the institution focused study.

The Institution Focused Study (IFS)

Concerns for a better understanding of the views of my own professional colleagues, faced with the daunting task integrating services for children, led to the institution study. Would the issues raised by the literature - to do with the professional acceptability of prescriptive change - be realised, and would

there be organisational or professional inhibitors to making the programme of change work effectively?

The IFS provided a technique to test these issues using appropriate research methods as well as offering an opportunity to enhance understanding of the multi-agency workforce itself. The study was based on a questionnaire sent to 700 of the 3000 professional, managers and practitioners affected by the new legislation. Its findings were fundamental to the next phase of practical implementation of the Children Act. Its findings were important; professionals were not concerned about the need for such fundamental reforms, but they deeply resented the prescription of practice and the lack of authentic participation in the reform programme. This led to the preparation and implementation of a long term research study and the thesis.

The Thesis – making a contribution to learning

Participatory action research identified and discussed in the methods module of the doctorate provided the research paradigm for the thesis. Professionals had made the case for more authentic participation in the programme of organisational change in Bexley. Was there a technique to enable the workforce itself to design the methods and forms of inter-professional working? The literature is rich with research data about the issues facing different autonomous organisations working together collaboratively. But there is little similar evaluation of professional merger and integration in the public sector and none, in the UK, in the field of children's services.

Leading directly from the findings in the IFS, therefore, I identified a series of propositions about the way in which professionals from different agencies could work together to define the changes needed to their own professionalism (Hoyle, 1974) as they implemented integrated working. Fullan's (2003) concerns for the application of *informed professional judgement* in the process of change was an essential component. The identification of a methodology using champions for change working together in participatory research was refined to incorporate Kakabadse's (2002) model of

collaborative inquiry, where professionals and academics combined their work to develop new, yet acceptable, change programmes through reflexive action.

The research spanned a period of two years working with nineteen professional champions. I consider that the model for professional engagement has something new to offer. The research has also shown that the role of the schools will be pivotal in the implementation. Children's service reform in the UK will be successful if a way of harnessing the energies and enthusiasm of different professionals can be found. Prescription and regulation have their part to play, but my research would suggest that it is not likely to give rise to genuine professional acceptability.

This is particularly important in the situation where organisations may not wish to co-operate fully with the proposals. Integrated working in children's services in the UK will mean that head teachers and governing bodies will need to be convinced of the importance of their own involvement in the programmes of reform and be given a voice in how that should be managed. The model of professional champion involvement suggested by this research would appear to offer new and refreshingly positive outcomes.

Personal and professional gain from the doctorate programme

The EdD has been a tremendously enriching experience for me. I would still not consider myself to be an educationalist, but I think I have appreciated the basics of the essential analytical and academic appraisal required to assess the implications of policy and organisational reform.

Life has also moved on. I am the Chief Executive of the Council now. In this role, perhaps more than other professional managerial posts, I need to encourage active ownership of change rather than expect it through hierarchical power. We are also, as a society, moving increasingly away from the notion that regulation and inspection can offer to answer to poor professional performance. There is more to it than that. The doctoral programme has provided me with a genuine insight into the opportunity for

linking managerial and academic concerns. The symbiosis is a powerful combination. I also believe that the outcome of the research has provided a model for the implementation of integrating working with children which can be introduced in other settings.

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ABSTRACT

The Children Act of 2004 sets down a new challenge for the professionals responsible for child welfare. Because the inter-professional *collaboration* between educationalists, social workers and health workers is perceived to have significant weaknesses, these professionals are now being required to undergo a process of role *integration* – the formation of a new cohesive team around the needs of the child.

Nevertheless, the literature suggests that such change cannot be imposed by statutory regulation or managerial action but should be introduced by professionals themselves through a process of *informed professional judgement*. The professional acceptability of such organisational change is also dependent on the methods and techniques used to change professionalism.

Using collaborative inquiry as a tool, this study traces the work of a multi-disciplinary group of professionals (a champion group) as it reviews current practices. This enables the group to recommend a new structure for an integrated service team to replace current separate agency accountability. It also identifies professional attitudes towards this new way of working.

Finally, based on these findings, the study summarises a potential model for the introduction and implementation of an integrated service that may be of value in similar work settings.

Acknowledgements

This thesis owes a great deal to many friends and colleagues. Its inspiration came from Professor Ingrid Lunt, who gave me the confidence to study at the Institute of Education in London. Her colleague, and my supervisor, Jennifer Evans has been tirelessly supportive and optimistic; without her incisive comments the arguments would have been much poorer.

My own colleagues in Bexley have also been wonderfully helpful and have worked hard to accommodate the tough standards required by the research. Sheila Murphy and the 'champion team' of professionals have been remarkably tolerant of my continued requests. Elaine Love and Gina Harper also worked uncomplainingly to refine and document the endless data. Without them the whole project would not have been possible.

I should also thank my wife, Kate, for her acerbic comments on the many drafts.

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CHAPTER 1: RESEARCH RATIONALE

Professional change in children's services

The need for reform in child protection and welfare systems has become apparent at a number of different levels following the inquiry into the death of Victoria Climbié (Laming, 2003): the negative media portrayal of the child protection service; public mistrust of child welfare professionals; and, the limited improvements in outcomes for children. The need for change is now widely accepted (Cooper et al., 2003).

The government's reaction to the Victoria Climbié inquiry report, which described a catalogue of errors and failures, has been to introduce legislation – the Children Act 2004 (U.K. Parliament, 2004) – that requires reforms in public services as extensive and significant as the proposals recommended by Lord Seebohm (1968) in the late 1960s. As a result, new organisational structures are being introduced that 'for the first time ever [require] local authorities to bring together in one place under one person services for children,...at the same time suggesting real changes in the way those we ask to do this work carry out their tasks on our and our children's behalf' (Blair, 2003, p. 1).

Nevertheless, it remains to be seen whether these new proposals will guarantee the improvements in professional practice needed to implement such a huge change. As Cooper and colleagues (2003) pointed out, the Climbié report clearly shows the difficulty of the challenge:

People repeatedly failed to come to grips professionally with the evidence that was presented to them. The report responds by suggesting a further tightening of rules and procedures and some structural changes to the delivery of services. While the structural changes recommended may bring some improvements, they do not face the underlying problems. Change to organisational structures without change in the underlying organisational culture has failed in the past and is unlikely to succeed now.

(p. 11)

What has been deemed best practice in the professional approach to children's services is to encourage, and increasingly to require, the *collaboration* of professionals involved in children's services. Such

professional collaboration is widely acknowledged to be essential in protecting children from abuse. Indeed, trends in social problems and professional practice make it virtually impossible to serve clients effectively without collaboration between professionals from various disciplines. Moreover, the process of collaboration is known to yield multiple benefits, including enhanced problem solving competence, efficiency gains and capacity gains (Lee and Williams, 1994).

Nevertheless, this enormous potential is not without significant problems because 'imprecise, incoherent and competing conceptions of collaboration plague practice, training, research, evaluation and policy' (Lawson, 2004, p. 225). Ways of achieving effective collaboration have received much research attention (Bronstein, 2003; Lam, 2002; Reder and Duncan, 2003), yet the lessons from this significant body of social research – which focused primarily on the motivations and concerns of professionals – have not been addressed in government child protection guidelines issued over many years. Even though such studies have identified the inhibitors of effective collaboration and the techniques available to overcome them (Bruner et al., 1992; Challis et al., 1988; Easen et al., 2000; Hallett and Birchall, 1992; Scott, 1996), these considerations have not been included in any professional guidelines on collaboration. On the contrary, such guidance *prescribed* collaboration – through regulations and codes of practice – rather than *enabling* different professionals to overcome barriers by empowering them to do so.

Not surprisingly, this prescriptive approach has been ineffective. Collaboration between professionals has been extensively criticised in practically all the public inquiries into the deaths of children prior to the Climbié report itself (Aldgate and Statham, 2001). Yet not only is the same prescriptive recipe (of instructions and documented expectations) now being followed for the next wave of change, but policy makers intend to require more than basic collaboration. This time, professionals are being required to integrate their services into one professional organisation – a task significantly different and more challenging (Davey et al., 2005; Empson, 2000; Hagebak, 1979) and

one generating significant challenge in the expectations being placed on these same professionals.

The prescription of professionalism

The concept of professionalism makes a valuable contribution to this thesis. Developed by Hoyle (1974) and defined as 'the knowledge, skills and procedures employed in the process of professional work' (p. 16), this concept encompasses the functions and tasks that combine together to create the work of the 'professional'. Professionalism, Hoyle argued, is at the very core of professional motivation and sense of worth. Since then, the concept has been used as a framework for analysing the tensions associated with role prescriptions imposed by others (Clow, 2001). For example, as managerialism has increasingly sought to 'technicise' (Avis, 2000) professional work by setting down detailed functions and tasks to be performed, it has reduced professional autonomy and sense of independence, thereby causing a significant amount of professional disquiet and dysfunction (Trow, 1998). The critical point here is whether the professionals in this process of creating a radically different organisational structure for the provision of child protection believe they have a degree of determination in the direction of that change. If they do feel so involved, their professionalism is in their own hands and they are likely to be highly motivated; if not, there will be resistance, distrust, and antagonism (Heller, 2003).

Ball (1994) clarified the distinction between 'writerly' and 'readerly' texts. In the former, the reader is 'invited in' to exercise a degree of determination on the direction the text takes; in the latter, the reader is passive and the scope for agency and self determination limited (p.12). The green paper *Every Child Matters* (DfES, 2003), which set the scene for the Children Act of 2004, is a readerly text – one supported by a panoply of centrally determined evaluation procedures – in which performativity is writ large (Lyotard, 1997). Here, the performance of child care professionals is to be measured against pre-specified outcomes, and where discrepancies arise, professionals will be deemed to have fallen short of appropriate performance indicators. This pre-specified process is relatively easy to monitor, observe, and assess and

provides a potent vehicle for managerialism. However, and this is an important qualification, as Foucault (1995) pointed out, where there is power there will be resistance. Surely, as Cooper et al. (2003) suggested, if professional integration is even more complex than professional collaboration, continued reliance on prescription is almost bound to fail. Yet such failure cannot be allowed, firstly, because professionals now have a legal duty to ensure it does not and secondly (and more importantly) it is, from the point of view of the interests of the child, clearly the right thing to do. From almost any viewpoint, the integration of professional work makes sense. Hagebak (1979), writing in the 1970s in the United States, makes a coherent and logical case:

From almost any perspective, the integration of local human service delivery systems is a logical imperative. For service workers, integrating local services means that highly skilled specialists must move out of the comfortable company of same type professionals housed together in a single service setting, and into the more stimulating environment of multiple-speciality case planning, case management, and shared core service responsibilities. For managers, it means economies of scale, improved accountability, accessibility, availability, and responsiveness within the system – but it also means retraining in the management of shared services. For the client it means comprehensive services, one application form, instant referral, and treatment as a whole person. It also means a person to complain to, if and when the services break down. For the public, service integration means more efficient, more effective services provided at the most reasonable cost possible. The logic of human service integration is inescapable.

(p. 576)

Some thirty-five years later and on another continent, this is indeed the vision for an integrated service set out in the Children Act of 2004. At the same time, the reasons why past attempts to reform professional practice towards this end have not succeeded is well documented in a broad body of literature (e.g. Bruner, 1991; Graham and Barter, 1999; Kagan, 1992; Mailick and Ashley, 1981). It must therefore be appropriate to ask why these analyses of the difficulties in achieving effective integration have not informed the best way forward today. Is there an alternative to the prescription of the past?

Fullan (2003) suggested that the post-1980's growth of managerialism, with its concern for performance and accountability, resulted in a set of state-driven prescriptions for reform that he labelled 'uninformed prescription'. He argued that 'there may have been standards and goals, but there was virtually the complete absence of any capacity building strategies and resources for how to get there' (p. 4). In contrast, the 'informed prescription' of the 1990s 'based policies and practices on the best of research and knowledge' (p. 5). Fullan further suggested that enabling more fundamental change will require the creation of professional energy and ownership through what he termed 'informed professional judgement'. This approach is based on the proposition that professionals are more inclined to accept change if it is suggested by best professional practice and judgement. In effect, it is a leadership of change effected by the professionals themselves. Can such change be brought about, and, if so, is there a technique for doing so?

Developing informed professional judgement through participatory action research

Fullan (2003) proposed that achieving informed professional judgement would require a focus on both the external professional expertise (that gave rise to the unsuccessful 'informed professional prescription') and the professional community involved and affected by the proposals (p. 7). It must therefore firstly be asked whether any technique already exists capable of enabling professionals to develop such judgement in the integration of children's services. Some empirical evidence suggests that – even in a world so focused on measuring prescriptive targets and accountability through inspection – such professional engagement may be achieved through the paradigm of participatory action research (PAR).

For example, Warger and Burnette (2003), in their research on exceptionally challenging human service integration using multi-disciplinary teams and service users, defined PAR as 'an approach in which researchers and stakeholders (those individuals who might benefit ...) collaboratively engage in the various stages of the research process. Participatory action research provides for greater influence of stakeholders in the research process and a

higher level of support for the implementation of research findings in practice' (p. 1).

The rationale for PAR is the need to gain positive professional commitment to the programme of change in practice and outcomes required by the Children Act. Achieving such commitment will require identification and evaluation of an appropriate technique to replace the currently unsuccessful 'informed professional prescription'. Working with professionals through PAR may potentially identify such a technique, thereby providing the key to increasing the organisational trust needed to enhance the commitment to change. Under such circumstances Rousseau and Tijoriwala (1999) found the credibility and honesty of the change agent to be critical. They also found that 'trust related qualities' were built over time, making their significance larger than that of any particular programme or initiative. Individuals in the workforce, at different professional levels, provide leadership and command professional trust. If a team of such individuals could be brought together to harness skills and organisational competence, could a process of participatory action research give rise to the 'informed professional judgement' identified by Fullan (2003) as essential to sustaining changes in professional practice? Indeed, could a such a 'champion team' provide the leadership of change that traditional top-down management structures have failed to produce?

The research setting: professional challenges in Bexley

The London Borough of Bexley – a unitary local authority with the responsibility of implementing the Children Act – has both social services and education responsibilities. As an organisation, it has worked closely and effectively with the health service over many years, establishing integrated partnerships for learning disability, mental health, and older peoples' services. Within this framework, social care professionals already work in integrated organisations with primary care professionals; however, the changes required by the Children Act are more challenging than this active form of 'working together'.

Indeed, the Children Act requires that assessment and response to the circumstances of vulnerable children be done in co-operation with other autonomous institutions, such as schools. The preferred model of intervention specifies that the school be central to the co-ordination of professional work and able to play a fundamental role in the development of preventative services designed to support children and families, before problems become severe. This dictum represents a huge additional challenge. Schools, being autonomous, have not been given the same statutory accountability for service integration (Millar, 2004). They will need to be convinced of the need for change and their involvement in it. Moreover, because schools have been regulated and controlled through systems of target setting, inspection and judgement, for many years, 'uninformed prescription' is unlikely to be successful. In contrast, the harnessing of 'informed professional judgement' reached in agreement with council social service professionals, education departments, health services and schools might succeed. Thus, Fullan's (2003) concept is highly relevant to implementing the Children Act in Bexley.

Research conducted in Bexley (Johnson, 2005) suggested that, even though the concept of integration is popular with professionals, there is resentment of the prescriptive management practices that inhibit professionals taking an active role in designing necessary methods and techniques. For its part, the local council has a duty to implement changed practices in settings over which it has no direct managerial control, while the chief executive (a position currently filled by the researcher) has the responsibility to assist the council meet these legal responsibilities. Because this situation is vastly different from past circumstances, new approaches will be required. The challenge for me as chief executive is to identify the way forward.

Rationale and clarification of the research questions

The Children Act of 2004 will require professionals from separate statutory agencies – local government, schools, and the health service – to form one organisation which has the job of protecting vulnerable children. Doing so will be challenging, complex and influenced by the currently separate professional work settings, each with its own history, system of working, accountability and

governance structure. More importantly, the techniques needed to create this new way of working are not available from any one expert source acceptable to all the professionals concerned. The new organisation – to be known as a Children's Trust – will only be successful if the professionals themselves see the sense in creating it and resolving the inherent obstacles.

To analyse the potential of PAR to address this problem, this researcher conducted a pilot study in one London Borough committed to implement a Children's Trust by 2006. This pilot study in Bexley (Johnson, 2005) identified a strong professional willingness and enthusiasm for the concept of integrated working but also significant tensions and difficulties. Specifically, professionals reacted against managerial prescription and wished to be closely involved with, and indeed to control, the methods by which any changes to the process of professional interaction were introduced. To achieve such involvement, this researcher proposed to establish a 'champion group' of managers, specialists, and practitioners from each of the relevant disciplines. It was the ongoing work of this group which became the subject of this larger participatory action research.

The PAR followed the work of the champion group as it analysed the existing pattern of collaborative working and identified possible new methods, through comparing collaborative and integrated approaches. Its primary purpose was to assess the weaknesses of existing patterns of collaborative working and identify how better practices could be introduced through an integrated approach to joint work. The ultimate goal was to develop a model for the introduction, planning and implementation of an integrated children's services team.

To achieve these goals, the following primary research questions were formulated:

1. Can individual professionals working in separate agencies, currently *collaborating* on the implementation of policies to protect children from harm, share their work in such a way that they could be defined as an *integrated team*?

2. Can the technique of participatory action research be used to empower the practitioners themselves to design a systematic method of integrated working?
3. Could such a system be generalised as a model to be commended in other settings preparing to meet the expectations of the Children Act 2004?

These questions, which served as a framework for data interpretation and discussion, were informed by the relevant literature reviewed in the next chapter.

CHAPTER 2: LITERATURE REVIEW

Structure of the research review

The rationale for this thesis assumes that the professional integration of services, and particularly inter-agency services for children, is not a naturally occurring process. Neither is it a process that can be prescribed by regulations and controlled by managerial action. Yet, such integration – widely perceived to be both right and vitally necessary – is being introduced into professional work through prescriptive legislation.

To examine the implications of such legislation, this literature review firstly examines the emergence of pressure for the enforced integration of children's services and the reasons that preceding patterns of professional collaboration are seen as failures. Understanding the so-called failure of collaborative work methods is critical because the proposal to integrate services implies that even more complex action is needed to change professional practice. In other words, the reasons for collaborative failure can be expected to have relevance for the more challenging task of integration. If they do, and the literature suggests that this is indeed the case, has the government taken the experience of past organisational practice into account in its guidelines for implementing the new integrated children's service? More importantly, if the experience of past attempts at integration is not being used to assist professionals in their new task, what steps *do* need to be taken to implement such a huge change in professional and operational practice? To answer these questions, the literature review examines the discourses of collaboration and integration in some depth, an examination complemented by discussion of the concept of prescriptive change. It also seeks to identify whether professionalism can be codified to such an extent that the interaction between professionals can be predicted and its outcomes guaranteed.

This theoretical perspective is then used to review the national experience of establishing integrated children's services and to identify the practical steps currently being taken by organisations working towards service integration. The discussion then turns to Bexley and summarises the research on professional attitudes carried out in this specific setting. Such a review is

important because the literature identifies the local experience of change management as critical to the outcome.

Examination of the extant literature brings to light certain research assumptions that frame the subsequent discussion. Firstly, from a historical perspective, the evolution of children's services legislation appears to have required significant changes in professional practice. Specifically, statutes from the Children Act of 1948 to the Children Act of 1989 were related to action required of *individual* practitioners. However, since 1989, all statutes have increasingly identified the need for professional collaboration *between* practitioners in different agencies and professions. Secondly, with the Children Act of 2004, the *integration* of professionals into one organisation, having central authority and accountability, has come to be perceived as the essential requirement.

This increasing prescription for children's service professionals to collaborate, and eventually merge their work into new organisations, has been occurring at the same time as significant social research into professionalism, managerialism, and inter-disciplinary working. Not only have practical studies, particularly those using PAR, been conducted, they have gradually grown in importance and, it could be argued, should have influenced the way that the policies for children's service reform were introduced and implemented. Of greater concern, had those discourses been used in policy development prior to the Children Act of 2004, the observation that collaborative work fails to protect children could have been predicted. Indeed, even though the implementation of service integration within the new framework is even more challenging and the discourses even more relevant, it would appear that opportunities to use relevant research to plan for this new challenge have been, and still are being, missed. Thus, this literature review identifies how such discourses could be utilised to assist managers and practitioners develop future integrated services.

From collaboration to integration: the history of changing ideas

Social researchers and historians often refer to the policy sediment that informs new approaches to the implementation of social policy. It is as if there is a natural chronological learning curve in the understanding and need for enhanced powers and policies that will 'make things better'.

This thesis contends that over a century of legislation and governmental guidance has broadly focused on the duties and responsibilities of statutory agencies and individual professional practitioners. On this basis we have seen incremental change in the provision and management of children's services. However the formal guidance has failed to recognise (and indeed to respond to the fact) that other discourses, particularly relating to professionalism and the significance of professional acceptability, play a critical part in implementing the very changes thought to be so desirable.

This truth is strikingly evident in the field of inter-disciplinary collaboration and human services integration, and has had significant consequences for policy implementation. Indeed, it is vividly illustrated by the history of legislation aimed at the well-being of children in the United Kingdom, as well as by the way professionals have responded to such legislation. Of specific interest are the significant differences between the first Prevention of Cruelty to Children Act of 1889 (known as the Children's Charter) to the most recent Children Act of 2004.

Children's legislation began in 1889 with the passing of the Prevention of Cruelty to Children Act (U.K. Parliament, 1889). It arose from an international reaction (the United States government also introduced a similar act the same year) to the cruel circumstances of an American child called Mary Ellen. The act was a reaction to the woeful lack of state power to intervene in a case of child neglect and torture. Mary Ellen had been chained to a table by her adoptive parents and, even after protest by the local church, the police and local authority had no legal recourse to intervene. This first act gave powers to the police to enter premises and arrest anyone found ill-treating a child.

The Children Act of 1908, and the Children and Young Persons Act of 1933, continued to strengthen the power of the police to prosecute offenders for causing the 'gross neglect' of children. However, this 'poor law' type reaction to the problem applied punitive solutions to the failings of the parents. The role of a professional 'care worker' or alternative provision for the abused child was not mentioned in parliamentary debates. The action of voluntary organisations in the identification and intervention in cases of abject neglect was seen as the appropriate complement to the role of the police. Only in 1948, with the next Children Act, did the significance of complementing the police role with inter-professional involvement with children in need begin to be recognised. This act followed reaction to the death of Dennis O'Neill, a twelve-year-old killed at the hands of his foster parents. The report of the public inquiry (Monckton, 1945) identified, for the first time in the analysis of systems of child protection, '*a lamentable failure of co-ordination*' (p.67). However, the co-ordination criticised then was not that between professionals but rather between organisations and, in this case, local authorities. The report provided the foundations for the concern which gave rise to the act, whose main feature was the establishment of a child care service in the children's departments of local authorities: 'The fact that the state was from that point taking on the responsibility for children who were vulnerable, neglected or in other ways receiving inadequate parenting was a remarkable development in its time' (Hughes, 1998, p. 149). Services for children who needed substitute parenting, support for the family, and the interdisciplinary assessment of child protection (including health professionals and the police) were for the first time introduced as key policy aims: 'The need for interdisciplinary action in cases of suspected neglect was recognised in (ministerial) circulars from 1951 onwards, but arrangements remained administrative' (Hughes, p. 150). Moreover, interdisciplinary action was seen not as an implication or demand for change by individual practitioners (this would come much later) but as the joint accountability of organisations and statutory agencies.

The need for organisational reform, as well as individual professional competence, was high on the political agenda when the Local Authority Social

Services (LASSA) Act reached the statute books in 1970 'to make provision for the organisation, management and administration of local authority social services' (U.K. Parliament, 1970, p. 2). This significant step, which followed the report of the Committee on Local Authority and Allied Social Services chaired by Lord Seebohm (1968), signalled the need for huge organisational and professional change:

The main effect of the Seebohm reforms was to divorce those local authority health services deemed to involve mainly medical skills – such as vaccination and immunisation, and health education – from those services deemed to involve mainly social work skills – such as home helps and residential care...The main aims of the *reforms were to integrate services which had been administered separately in the past*, and to provide for the development of a comprehensive family service through the new departments (emphasis added).

(Dominelli, 1997, p. 123)

As a result, new organisational models were developed and implemented, and new local authority departments were created. However, the emphasis still remained on the functions and duties of organisations, not the way in which the professionals in those organisations were managed and supervised to produce the changes that the proposals were designed to create. Indeed, according to Holman (2001),

The new social services departments were established in 1971...there were major upheavals which led to fewer and much larger departments, very long management structures...with consequent communication and other related problems. This was reinforced by the factor of changes in operational organisation of social work and training. Operationally many departments adopted a version of Seebohm's philosophy which Lord Seebohm always said his committee did not intend. This system insisted on most social workers carrying generic caseloads – a few elderly people, mentally ill, disabled, children and young people – a kind of social work general practice – only without the specialist services available to GPs in medicine.

(p. 46)

At this time, the government set down the organisational outcomes deemed necessary without addressing the methods of professional practice to meet those objectives. It took the public inquiry into the death of Maria Colwell in 1974 (DHSS, 1974) to focus attention to the *management* of the work undertaken by the professionals.

There were major systematic failures in relation to Maria Colwell, but primarily concerning the sharing of information and the failure of professionals in different agencies to liaise. More specifically, the report identified the failure to communicate and liaise between two workers, one from the NSPCC and one from social services, as absolutely crucial in the final 8 months of Maria's life. It was the failure of these two workers to liaise with each other and to involve others, preferably via a case conference, which was seen as key to the final outcome.

(Parton, 2004, p. 87)

The government's reaction was to challenge the professional through the processes of managerialisation (Clark, 1997; Flynn, 2002; Fullan, 2003). Systems of management control through inspection, audit, and external judgement were developed and became commonplace (Bazerman, 1994; Bolton, 2003; Clouder, 2003). This increasing emphasis on managerialism was seen as key to overcoming the failure of the old welfare systems (Clarke et al, 1994; Newman, 2001), an approach on which 'rather than clarifying and resolving issues, it seems that these changes have again simply changed the nature of the problems to be addressed' (Parton, 2004, p. 89).

This system of managerial expectation did not, however, relate the difficulty of organising professional work to the achievement of policies; inter-professional work methods were not seen as the role of government. Rather, such method was left to the individual practitioner and manager. Managerialism gave rise to organisational performance measurement and highlighted the systematic failures of bureaucracies, but did not broaden understanding of the professional issues involved. Indeed, it was devoid of any understanding of the very questions critical to the process of change: *how* should professionals

collaborate, and *why* does this not happen naturally when new policies are set down by government? As a result, the assessment of implementation through performance measurement only worsened the situation, creating fear, resentment, and defensiveness (Jacques, 1976; Leathard, 1994; Mazen, 2002).

As illustrated by these cases, 'public inquiry' has been a primary innovator of change. No fewer than 67 public inquiries into the circumstances surrounding the cruel deaths of vulnerable children have occurred since 1930 (Dominelli, 1997). In the 1970s and 1980s, these inquiries reflected concerns about professional practice as, time after time, inquiry reports cited the same failings in the cases of Maria Colwell (DHSS, 1974), Kimberley Carlile (London Borough of Greenwich, 1987), Jasmine Beckford (Levin, 1987), Stephen Meurs (Norfolk County Council, 1975), and Tyra Henry (London Borough of Lambeth, 1987).

These cases had a major impact on political thought. The management of professional practice was now seen as *the* issue to be addressed. The cumulative concerns about professional practice – all essentially questioning collaboration and joint work – were further examined and identified as key concerns in one specific inquiry into child abuse in Cleveland (Butler-Sloss, 1988). This highly detailed report identified the diagnosis by two physicians of child sexual abuse on the basis of the anal dilatation reflex. Subsequently, over a brief period of time, a total of 121 children, in three large waves, were identified as having been sexually abused and removed from their homes to be placed into care. The courts gradually realised that most of these children had not been abused, and 98 of the children were later returned to their parents. The exhaustive report, which cost the taxpayer over £4 million, called for many changes in the child abuse investigation process. It criticised several major professional failures: proper understanding by the main agencies of each other's functions, communication between the agencies; and awareness and differing views at senior and middle management level. The whole episode was regarded as a public scandal.

Not surprisingly, in its wake, the Children Act of 1989 received overwhelming support. Health Minister David Mellor, MP, noted that it had had genuine cross party support (Hansard, 1989).

Because the emphasis was now on the management of professionals and the methods of inter-professional practice, guidance for professionals soon followed in the form of the 1991 *Working Together to Safeguard Children: A Guide to Interagency Working to Safeguard and Promote the Welfare of Children* later updated and republished (DH, 1999). With a primary focus on how professionals should co-operate and work together, it set down expectations for effective practice. Its language was assertive without being prescriptive:

This document sets out how all agencies and professionals should work together to promote children's welfare and protect them from abuse...sets out the role and responsibilities of different agencies and practitioners...outlines the way in which joint working arrangements should be agreed and implemented...provide(s) a national framework within which agencies and professionals should work at local level...to draw up and agree their own more detailed ways of working together.

(p. 2)

However, like the statements of expectation about organisational reform that preceded it, the guidance made no allowance for professional attitudes to the expected policies and practices. Even though the spotlight had shifted from organisational structures to the practices of the professionals working in them, the complex managerial challenges faced by these professionals remained unrecognised. The problem was seen in terms of the need to ensure that the various professionals collaborated effectively.

Even before this time, social researchers were developing increasingly compelling data about the difficulty of implementing inter-professional collaboration (Byles, 1985; Hallett and Stevenson, 1980; Pearce, 1989; Reder and Kramer, 1980). Yet such empirical evidence did not feature at all in the government guidance. Rather, the problem was to be overcome by

supposedly better guidelines, procedures, and processes set down from 'above'.

Was the Children Act of 1989 effective? In 2001, the Department of Health published research on its practical effects (Aldgate and Statham, 2001). John Hutton, MP, then the minister responsible, set the scene for the research and its findings:

Because of the scale of its reforms, it has been essential to find out how the Act is being implemented...and whether it is making the difference the legislators intended. A substantial programme of research has been commissioned...to inform us about how the Act is working ...the findings point to the importance of the need to have an effectively integrated children's system for assessment and care planning, better management information, competent professional staff....

(Aldgate and Statham, *Introduction*, p. 3)

Aldgate and Statham's research must be one of the most comprehensive reviews of professional practice and implementation of an Act of Parliament ever conducted. Twenty-four wide-ranging studies were commissioned and published between 1989 and 2000, detailing issues as diverse as fostering, day care, safeguarding children, making care orders work, giving expert evidence in courts, out-of-school services, looking after children, family support and maltreatment. Nevertheless, even though these studies were, and remain, a truly valuable insight into good professional practice, the research overview acknowledges its weakness as an analysis of professional issues associated with implementation: 'It has to be remembered that, at the time the studies were commissioned, the concerns were focused on the processes of implementation of new practice areas. Issues such as performance assessment were only beginning to be identified in agencies' (Aldgate and Statham, 2001, p. 18). It is this point I wish to tease out. Report after report sets out what good professional practice in collaborative professional work *is* but does not specify how to achieve it.

The study findings particularly emphasise the importance of interagency collaboration: 'The Children Act began the process of making 'working together' a requirement. The challenge now is for agencies to make effective use of the new mechanisms for working together' (Aldgate and Statham, 2001, p. 98). However, the social work regulatory body response focused on system changes rather than on changes required to assist the individual professionals affected by the changes. In 1988 the Social Services Inspectorate identified:

- Lack of co-terminosity between, health, education and social services;
- Lack of agreement on priorities, and few mechanisms through which to reach it;
- Inadequate management systems;
- No clear agreements on who should do what by when;
- Lack of clarity about the location of responsibility for children in health authorities; and
- The omission of health authorities and trusts from planning groups.

(cited in Aldgate and Stratham, p. 102)

My point is that this critique fails to address the difficulties facing professional employees in the different organisations affected, and indeed instructed, by the legislation. It is presumed that formal direction through codes of practice, guidelines, and performance targets are in themselves adequate.

In the years between this formative Children Act of 1989 and the research findings on its effectiveness, the public inquiries continued. In 1987, Doreen Mason died from neglect, a death blamed on lack of professional supervision and mistrust between senior managers; in 1992, Leanne White was beaten to death by her stepfather, which could have been prevented by better agency collaboration; in 1994, Rikki Neave was found strangled following cruelty by a drug addicted mother, a result of inadequate senior management practices according to the Social Services Inspectorate; and in 1999, Chelsea Brown was beaten to death by her father, a killing blamed on lack of inter-agency procedures (cited in Batty, 2003, p. 3). Then, in 2000, Victoria Climbié died from hypothermia after suffering months of significant abuse and neglect. It

was the public inquiry into her death led to the largest reform in children's services since the 1970 Act, namely, the Children Act of 2004. Did this significant reform introduce any new thinking about professionalism or the importance of social research on professional work?

The Victoria Climbié report: a watershed

What made the Victoria Climbié report so very different from those of earlier inquiries? According to Parton's (2004) comparative analysis of the different emphases in the reports on Maria Colwell and Victoria Climbié,

The failures of communication and interagency collaboration seem much more complex in the Climbié Inquiry. These problems appear to be located: between workers; between frontline workers and first line managers; between different professionals and workers in different organisations and agencies, whether these be social services, health or police...; between senior managers and their employees; between senior managers themselves. Similarly, we are not talking only of verbal communication and written records but the whole system of exchanging information and the way information is collated and gathered on a variety of sophisticated yet inadequate information systems.

(p. 88)

Much has been written since about the failings of professional practice in the Climbié case (Corby, 2003; Hale, 2000; Reder and Duncan, 2003) and, as illustrated later, the reaction of the government to it (Cooper et al., 2003). However, of most interest here are the professional attitudes and dilemmas that may have created, or at least compounded, those failings and whether these same concerns consequently altered the government's style of prescriptive professional guidance.

The 450-page report by Lord Laming (2003) reads as a damning indictment of professionals and managers. His principal criticisms cover many areas from professional attitudes to inter-agency work to collaborative practice:

The extent of the failure to protect Victoria was lamentable. Tragically, it required nothing more than basic good practice being put into operation...those in senior positions in the public sector must be required to account for any failure to protect vulnerable children from deliberate harm or exploitation. The

single most important change in the future *must be the drawing of a clear line of accountability, from the top to the bottom*, without doubt or ambiguity about who is responsible at every level for the well-being of vulnerable children....

I recognise the fact that over the years successive Governments have refined both legislation and policy, no doubt informed in part by earlier inquiries of this kind, so that in general the legislative framework for protecting children is basically sound. I conclude that *the gap is not a matter of law but in its implementation....it is not just 'structures' that are the problem, but the skills of the staff that work in them. What is critical is the effectiveness of the management and leadership....*

The future lies with those *managers who can demonstrate the capacity to work effectively across organisational boundaries*. Such boundaries will always exist. Those able to operate flexibly need encouragement, in contrast to those who persist in working in isolation and making decisions alone. Such people must either be changed or replaced. The safeguarding of children must not be placed in jeopardy by individual preference. *The joint training of staff and the sharing of budgets are likely to ensure an equality of desire and effort to make them work effectively.*

(pp. 3, 5, 6, and 8 [emphasis added])

Laming's analysis of the problems facing child protection services hinted at the professional discourses – on professional ownership, professional acceptability, and organisational trust – that this thesis will shortly review. Indeed, he clearly identified the attributes necessary for advancing inter-professional collaboration – clear lines of accountability, staff skills, managerial effectiveness, ability to work effectively across organisational boundaries. Conversely, he failed to use these discourses – through direct reference to the tensions associated with professional interaction – to inform, or even qualify, the way forward. In that regard, the inquiry is similar to its predecessors. Admittedly, this expectation is perhaps unrealistic: a public inquiry is not an analysis of organisational theory. Nevertheless, public inquiry, especially in the case of this report, has been a considerable motivating force for reaction by government. Indeed, as already mentioned, many would say it gave rise to the 2004 Children Act.

The Children Act of 2004

The 2004 Children Act shares major similarities with its 1989 predecessor; both had universal parliamentary support and both contain laudable proposals. The Laming Report set the scene for a dramatic shift in the organisation of both professionals and their employing agencies, as well as in the accountability for their work. The government's thinking was clearly delineated in the green paper *Every Child Matters* (DfES, 2003). The Prime Minister set out the plan:

We are proposing here a range of measures to reform and improve children's care – crucially for the first time ever requiring local authorities to bring together in one place under one person services for children, and at the same time suggesting real changes in the way those we ask to do this work carry out their tasks on our and our children's behalf.

(Blair, 2003, p. 1)

Overall, the green paper plots out a far larger picture for universal enhancement of children's services than professional service reform. However, the following emphases (DfES, 2000, p9) are key:

- A break down of organisational boundaries. This includes the appointment of a local and national directors of children's services and a single, integrated organisation at both levels;
- A break down of 'the professional barriers that inhibit joint working';
- Practice standards for each agency with simplified funding, inspection, accountabilities and key performance indicators so 'services are judged on how well they work together';
- An improvement and intervention function to drive up performance, intervening when services are failing.

What this summary reveals is the omission of any analysis of the underlying reasons for ineffectiveness in joint inter-professional work. Rather, the plan lays out organisational and systemic solutions. Therefore, even after the incisive analysis of the ex-chief inspector (Lord Laming was formerly Chief

Social Services Inspector) the underlying professional issues remained unrecognised and are ignored as, apparently, irrelevant to the solution.

The 2004 act that followed the green paper (U.K. Parliament, 2004) was followed by extensive guidance from the Department for Education and Skills (DfES), including a still rapidly growing Web site (DfES, 2005b) that gives advice and support to agencies, practitioners, and service users. This gives detailed advice, with 'best practice' examples on how to prepare joint assessments, shared plans, pooled budgets, joint commissioning of services and explains the Joint Area Reviews designed to inspect local children's services.

This approach underscores the government's move away from the expectation that had characterised government approaches since the 1948 children's legislation; namely, that agency professionals can themselves deliver the changes needed in the best way they see fit. This new approach sets out in great detail the way that professionals are expected to work; in other words, it codifies the professional task. This shift marks a new transition, even compared to the government position after the 1989 Act, which advocated multiple changes in practice through better approaches to professional collaboration. The new message is a prescriptive one. The only reference to the professional challenges of achieving required changes are in the DfES advice text, *Every Child Matters: Toolkits and Guidance* (DfES, 2005d), which, given the the acknowledgement of the need to 'break down the professional barriers that inhibit joint working' (p.43), might have been expected to examine the implications of this new approach to collaboration. Instead, the toolkits deal with more peripheral and technical areas such as VAT, pooled funds, legal agreements between health authorities and local government, persistent young offender protocols and Sure-Start strategic guidance.

Before the Laming report the lack of professional collaboration between organisations and professionals was seen as a barrier to effective protection of vulnerable children. Laming also criticised the lack of effective collaboration

and implied that it must go further if it is to be successful. Previous approaches had proposed more effective professional *collaboration* and specifically, ways to improve it and ensure its presence through intensive

inspection. However Laming introduced a new idea that collaboration must itself have an organisational form, expressed through the notion of individual accountability. But he did not spell this out. It is the Green Paper which prescribes the organisational form – no longer collaborative organisations but an integrated organisation. But, not only does *integration* suggest a significantly different approach, its exact nature remains unclear to the individuals involved (Johnson, 2005). These professionals speculated whether integration resembled collaboration or implied more didactic prescription of the actual roles and responsibilities of managers, professional workers and other staff. Moreover, prior to the Climbié report, organisational integration had never been seen as the answer nor had it featured in professional practice discourses.

In addition, the continued apparent failures of child protection systems would suggest that even active collaboration has been unsuccessful. Without exception, all public inquiry reports have identified lack of collaboration, effective liaison and professional co-operation as the cause of system failure. Yet it is only now that the full integration (of the organisations employing the different professionals) is seen as key to effective work. It is my view that by failing to recognise the realities of professional interaction – the factors affecting joint practice and the methods for achieving genuine co-operation – the proposed solution (enforced integration) does not resolve the basic problem. It is a key proposition of this thesis that the required change cannot be brought about by guidance and prescriptive instruction. Other techniques must be adopted.

Developing this proposition further requires closer attention to the discourses on professional collaboration and integration. However, before such literature can be analysed, a clarification of certain terms is needed.

Collaboration and integration: the importance of definitions

‘Then you should say what you mean,’ the March Hare went on. ‘I do,’ Alice hastily replied; ‘at least I mean what I say – that’s the same thing, you know.’

(Lewis Carroll, *Alice’s Adventures in Wonderland*, 1865, p.34)

What do the terms collaboration and integration mean, and why are their definitions important? As the historical review of the legislative changes affecting children’s services since the late 1890s has shown, the words ‘collaboration’ and ‘integration’ have been widely used, but their meaning in the descriptions of necessary change has remained unclear despite recognition of the need for ‘a common language and a clear framework for interagency working’ (Aldgate and Statham, 2001 p. 125).

Clear interpretation of these words is essential to any review of the 2004 Children Act’s implementation because the legislation itself only uses the word ‘co-operate’ to describe the requirement of closer working between professionals and agencies (U.K. Parliament, 2004). The associated guidance and regulations document (DfES, 2005a) uses the words ‘collaborate’, ‘co-ordinate’, and ‘integrate’ to describe the steps that professionals and agencies must take. It could of course be argued that it is only important to understand the meaning of these words as intended by the policy makers. After all, clearly understanding the desired outcome should enable the managerial and professional action needed to achieve it. However, in reality, these meanings are not clear to professionals, and the literature abounds with the consequences and implications of this uncertainty.

For example, Kelly and Milner (1996) noted that ‘co-ordination and collaboration have been uncritically characterised as beneficial and essential, the result being a plethora of government guidelines and training packages’ (p. 91). Moreover, even though *co-ordination* has been widely advocated, its meaning in social policy is unclear at best (Hallett and Birchall, 1992). Most usages of the term are based upon the idea of professionals working together

co-operatively and harmoniously, yet the term *collaboration* is often used synonymously with co-ordination. Other researchers use the term *co-operation* synonymously with both co-ordination and collaboration (Hallett and Birchall 1992; Westrin, 1987). For instance, Westrin categorised co-operation in a primary health care system into the following hierarchical structure organised by increasing downward complexity:

- Some concerns about the need for co-operation;
- The implementation of experimental or demonstration projects;
- Explicit policy statements from community authorities or governments;
- The implementation of such policies; and
- The organisation of systems of follow-up or evaluation.

(p. 13)

Others have defined co-ordination as involving a more formalised process that takes place at higher organisational levels (e.g., among supervisors or senior management) and that involves more complex arrangements for the establishment of inter-agency linkages (Mulford and Rogers, 1982). Hallett and Birchall also contended that co-ordination is not synonymous with co-operation but is distinguished from it by the 'presence of decision rules, the degree of formalisation present, an emphasis on joint goals and a potentially greater threat to autonomy' (p. 9).

From this very broad and eclectic literature must be drawn definitions sensitive to the needs of this research that reflect the work of public sector professionals.

Collaboration: a definition

The definition chosen here for use in the discourse analysis is taken from Lawson's (2004) study of the relationships between professionals working in health and education services:

Collaboration is a complex intervention with multiple components. It is both a process innovation and a product innovation, and it entails institutional development and change. These and other defining features implicate its contingencies. For example, collaboration is tailor made for needs, problems, and opportunities that manifest novelty, complexity, uncertainty, and interdependent relationships. Contingencies like these signal important constraints. For example, collaboration exacts steep transaction costs. Its potential benefits justify these costs and serve as incentives for its development. In fact, collaboration may be a defining feature of competent and optimal practice, and the failure to collaborate may be indicative of negligence or malpractice.
(p. 225)

It is this definition that seems to provide the detailed criteria needed for successful interpretation of the views and reactions of professionals to this way of working.

Integration: a definition

To professionals and organisations, integration implies something altogether more significant than collaboration. Certainly, in their response to the Climbié Inquiry, the government clearly wanted something more than mere collaboration (DfES, 2003). Yet, does the guidance or research literature provide any pointers to the government's own definition? One clue is given on the DfES (2005b) Web site, which discusses integration in terms of

- Needs assessment;
- Prioritisation of action;
- Pooling of resources;
- Annual reviews.

Not only is this framework for professional interaction very similar to the description of collaboration that preceded it, but the government goes no further in indicating how integration is different from collaboration. Therefore, if the practical stages of integration are very similar to co-ordination or collaboration, what is really going to change?

The importance of such semantic issues was illustrated by Austin and Hassett's (1997, p.3) detailed examination of the effects of organisational reform on the reaction of U.S. social workers. While there was widespread agreement that greater service integration was desirable, different groups understood quite different meanings by the term. For clients and their advocates it implied a seamless service for individuals, requiring additional services to fill the gaps. For administrators and elected officials service integration meant eliminating duplication and waste.

However, it is an earlier definition by Hagebak (1979) that perhaps best clarifies the difference between integration and collaboration, thereby providing a better framework within which to examine the intentions of the 2004 act. He suggests that service integration focuses on the multiple needs of clients and brings service delivery together into a coherent whole, leading to unified approaches to policy development, administration, planning, and service delivery, but recognises that few successful models exist. He says 'most people' would agree that integrated services have:

- Common service areas;
- Co-location, placing a number of services 'under one roof';
- Joint core services, sharing outreach, intake, diagnosis, evaluation, referral, follow-up and transportation among all agencies;
- Case planning by specialists designing a treatment programmes to meet the multiple needs of a client;
- Case management, where a single service worker is assigned to the client to assure that he receives the services;
- Joint management services, including the use of specialised staff, shared equipment etc;
- Common eligibility, or, at minimum, common application forms and shared client data.

(p. 575)

This definition of integration resonates better with the expectations of the government for the necessary changes in children's services, in that it makes explicit the kinds of practice that are empirically expected.

The difficulty of implementing collaboration and integration: barriers to professional collaboration and integration

Does the key difference between collaboration and integration, therefore, lie in the way that decisions and actions will be managed? For example, whilst in collaborative systems contributory decisions of the separate agencies are still sanctioned, in integrated systems the final decision is taken by the manager accountable for the whole process. Not only are these two dynamics wholly different, but the latter has never before been tried in children's services in the U.K. through enforced action or (as defined later) *prescription*. Indeed, given the date of Hagebak's (1979) U.S. analysis, it might be asked why it has taken so long for integration of professional work to be accepted in the United Kingdom as the logical solution, particularly as the need for the integration of children's services is hardly a new concept – its origins in the literature can be traced back to the 1960s.

The first reference to the dilemma of uncoordinated professional activity in children's services can be found in Kahn's (1962) analysis of the need for service integration:

There is therefore no reason at all to expect effective public intervention except through a well integrated, differentiated system of measures and resources, assured as a matter of public responsibility and administered by both public and voluntary agencies. Obviously so complex a panoply would be little more than a costly, confusing, irresponsible improvisation unless it were guided by clear and consistent policy.

(p. 8)

In the introduction to this book, Eleanor Roosevelt pointed to the United Nations (with which she was then actively engaged) as exemplifying the model of interdependent professional effort. In introducing Kahn's seminal work, Roosevelt argues that a system of interdependent working between agencies and professionals is the only mature response to the needs of social individuals:

It is understandable that organisational prerogatives and specialised concerns tend to dominate services at one point. People who serve in courts see the task of working with

children in trouble from a special perspective. School people have their own preoccupations as do workers in community agencies and the many others in whom effective efforts depend.

Perhaps that is as it must be as specialities develop, skills are perfected, and social interests are formed. Is it not, however, a sign of general maturing, of social advance, to become also of interdependence? No nation is an island – nor is any social agency. I am therefore interested in ...attempts to develop the notion of a community system of services, mutually interdependent, seeking to locate, evaluate and serve the interests of families and children in trouble. The concepts of accountability and responsibility...provide the motive power for some sacrifice of traditional (professional) prerogatives in the face of community objectives.

(p. vii)

Kahn (1962) particularly emphasised that 'not enough attention has been given to the community system' (p. 8). The contemporary reader may well ask why implementing these services remains as elusive today as it was then. Why has nothing really changed? In the 1960s, Kahn explained the difficulties as he saw them:

Despite unusual individual instances of cooperation and expert coordination, the more typical situation seems to be the one in which the potential effectiveness of services is seriously undermined by only partial implementation of announced philosophy, failure within a community to organise all necessary functions or services, quantitative or qualitative inadequacy of resources, and serious problems in communication.

(p. 6)

Even more striking is that Kahn (1962), drawing on international research from the 1950s, provided an analysis of the devices needed to bring about service integration that could have been written today:

Why then specialised coordinating agencies to deal with services to children in trouble? The answers are as often historical, political and pragmatic as they are principled, and substantive. (1) It is frequently possible to rally citizen and legislative interest around one problem, particularly an alarming, urgent, and unpleasant problem, where an outgoing programme which has many facets cannot command attention

or funds. (2) It is sometimes necessary to create a new structure for planning and coordination in order to create an energetic staff and citizen board, where an outgoing department is bogged down in its traditions and long-accumulated limitations and road blocks. (3) Sometimes the problem is so large and so urgent as to demand the creation of a body which will give it substantial and concentrated attention. (4) Even a public welfare department does not encompass all facets of a programme (for children in trouble). Education, health and mental health agencies...also conduct crucial programmes. A case may therefore be made for a structure independent of any of these departments.

(p. 482)

A comparison of the language of integration in the 2004 Children Act and the seminal writing of the past brings to light an important conundrum. Integration as a concept seems a logical choice, yet it has not featured in government thinking in the U.K. until now. Is this because it is a highly problematic concept for professionals?

Similarity in the barriers to collaboration and integration

It seems that the difficulties in creating either collaborative or integrated methods of work are very real. Are the barriers broadly similar? In an empirical study of collaboration and integration, Rushmer and Pallis (2002) addressed the kinds of behaviour that facilitate inter-professional working. Even though most of their work focused on health care, their results are generalisable to other disciplines, professions, and agencies. They found that collaboration and co-operation can contribute to what they termed 'blurred boundaries' that weaken effective team work and may create the very failings that have caused the lack of confidence in collaborative systems. The particular characteristics of their proposed model were exemplified by their suggested criteria for 'recognising success in *integrated* working' (p .60 emphasis added) outlined in Table 1, below.

Table 1: Criteria for recognising success in integrated working

Type of outcome	Specific characteristics
Soft outcomes	Respectful and acceptable work relationships A more trusting, supportive and less stressed culture A valuing of unique individual contributions Staff that are more open to ongoing change
Process outcomes	Sustainable work relationships Increased informal communication flow Enhanced coordination Better decision making as staff share diverse ideas Thinking outside the box – a holistic perspective Increased involvement/participation/ownership
Hard outcomes	Increased individual staff capacity through informal training, multi-skilling, shadowing, mentoring and integrated working Faster induction of new staff members Less duplication, permitting increased productivity Fewer staff seeing the patient/client; fewer steps New unilateral joint initiatives impossible Increased flexibility, reducing pressure on one professional group; enhanced cross over

[Adapted from Rushmer and Pallis, 2002, p. 60]

However, because these criteria could apply equally to successful *collaboration*, the question of whether children's services integration could be described through comparison with collaboration is worthy of exploration.

Firstly, the Children Act concept that one person should be 'in charge' (DfES, 2003 p. 16) in an integrated system does not sit comfortably with the notions of respect, trust, and flexibility. Rather, it implies a managerial hierarchy in the organisational type that Weber (1947) dubbed a 'machine bureaucracy' in which the nature of a task is decided by a 'chain of command' (p. 154).

Secondly, according to Shea et al. (1995), the decision-making process differs in organisations seeking to integrate functions and outputs. In this situation, they argued, there needs to be a 'transfer of authority' between organisations and their managers (p. 33). Is this salient difference the key to the practical distinction between the processes of collaborative and integrated working?

Bronstein's (2003) *Model for Interdisciplinary Collaboration* sought to identify the motivations for integration in social work and the elements of effective collaborative work:

Although a long-standing demand for professional social workers, interdisciplinary collaboration today is more than a demand; it is a requirement for practice as social problems continue to become increasingly complex. It becomes virtually impossible for any one profession to address the range of problems presented by the individual, family, institution, or community. Educators cannot teach hungry children who are too distracted to learn. Medical professionals cannot respond to managed care's demands for limited stays when families lack tools necessary to care for patients at home. Psychiatrists and psychologists cannot ensure stabilisation of their patients without support for medication compliance.

(p. 113)

She also listed five components for effective collaborative effort: interdependence, newly created professional activities, flexibility, collective ownership of goals, and reflection on process. It is the concept of interdependence in collaborative work that seems to provide the distinction in meaning from integration. According to Bronstein, in engagements between separate disciplines, 'to function interdependently, professionals must have a clear understanding of the distinction between their own and their collaborating professionals' roles and use them appropriately' (p. 299). Similarly, in a review of the literature on successful collaboration, Mattessich and Monsey (1992) characterised interdependence as a component of collaborative practice but suggested that participants must also 'think they have more to gain than lose' by collaboration (p.132). This concept of self interest also featured in Hagebak's (1976) explanation of why integration has failed to engage professionals as a logical organisational form:

Logic, however, is not the base upon which local human services are developed, funded and managed. The base is now, has always been, and will continue to be, self-interest. Barriers that block service integration are those of organisation, personal attitude, and vision, which are outgrowths of that self interest. These barriers have effectively 'boxed us in' to a series of separate local delivery systems – each with its own staff, its own treatment philosophy, its own caseload, its own funding – and each focused on the treatment of problems rather than people. With few exceptions, no local agency – public or private – has taken up the challenge of meeting the comprehensive needs of individuals and families through community-based integrated service delivery networks. The barriers have been too great. *Service integration has not yet appealed to self-interest.*

(p. 3 [emphasis added])

Is the essential difference between integration and collaboration therefore about power? Integration itself is more about the transfer of power from one professional to another than the continuation of a shared power system based on self interest. Understanding how this definition applies in practical settings requires responses to several basic questions that introduce an intervention-oriented conceptualisation of integration. Specifically, who should integrate with whom, and when, where, how, and why? What does integration entail? What are its requirements and contingencies? Examined thus, integration involves new relations between two or more stakeholders, which, in this research, are the individual professionals, their managers and their employing agencies.

Bertelli and Lynn (2004) suggested that stakeholders' interests can only be 'partly congealed in governance structures; groups must monitor outcomes and bargain at the micro level for administrative rules and favourable policymaking' (p. 302). They define integrated thinking as the desire for 'common agency' when several 'principals' in a multi-lateral relationship between stakeholders simultaneously try to influence or control the actions of a single agent. As evidenced by a broad body of literature, conflict is inherent in such a process. Indeed, the extensive review by McCallin (2002) points to one single critical point: 'conflict is a barrier to teamwork' (p. 424).

Lawson (2004) suggested that in this situation 'the stakeholders need to negotiate a new system of social relations...these include new identities, rules, roles, jurisdictions and boundary relations, and governance systems' (p. 233). However, at the same time, the process entails dismantling and discarding old policies and structures and the unlearning of old practices (Oliver, 1992). Lawson further proposed that 'when these twin alignments are not emphasised and developed, people find themselves caught between the new institutional arrangements and the old institutional arrangements...and under these conditions complex collaborations will stall or fail altogether' (p. 234). Shrader (2001) drew on business theory to identify the two types of transaction costs associated with this process: economic costs – such as training and technical assistance – and psychological costs – including new identity-related and interpersonal requirements. These, he argued, are indicative of integration inefficiency, so when they outweigh the advantages, integration should not be pursued.

Overall, this review clearly indicates that collaboration between professionals differs significantly from the integration of professionals.

Lessons from human services integration

The professional tensions associated with human service integration are not new. Survey research by Shea and Lewco (1993) on front-line workers, members of governing boards, and other professionals in a four-year programme implementation identified two key themes: the locus of decision making and the transfer of authority between agencies and professionals. It is this latter that appears to signal the largest difference between integration and collaboration.

For example, Empson's (2000) study on the process of organisational merger in three different companies pointed to three situations that can combine to cause problems: knowledge and client relationships are often proprietary to individuals within the firm; these individuals enjoy considerable operational autonomy; and these same individuals are likely to respond negatively to the

prospect of merger or acquisition. Her research again identified the importance of self-interest as *integration* progresses, showing that the twin fears of 'exploitation' and 'contamination' prevent successful merger. The fear of exploitation arises when individuals feel their superior technical knowledge will be undermined in a merger. The second fear of contamination arises when staff in one firm believe they have better brand or image than the other, which will be diluted or diminished on merging. 'Often' she writes 'the reasons why individuals perceive their knowledge or image to be superior are hard to justify by any objective criteria, and individuals on both sides of the merger find reasons to look down on each other' (p. 43).

The process of integration, Empson (2000) claims, is also lengthy because it takes time for the benefits of the merger of functions to be seen as fruitful. Moreover, it is not a process that can be management driven. To illustrate integration as a gradual process dependent on the attitudes of professional pioneers, she used the following metaphor:

At traditional school dances, boys and girls line up on either side of the gymnasium, under the watchful eyes of their teachers. Unwilling to make the first approach, they conceal their anxiety by making disparaging comments to their friends about the boys or girls across the dance floor. Eventually a few of the more confident individuals cross the floor to find a dance partner. Encouraged by this success, more and more students seek out dancing partners. Those who fail to find a partner leave the gymnasium. By the end of the evening 'integration' has been achieved.

(p. 41)

She related this metaphor to her findings as follows: 'While the teachers can organise the dance, they cannot determine who dances with whom or, ultimately, whether the evening is a success. They create the context for integration, but the impetus for integration comes from the boys and girls themselves' (p. 41).

Research therefore suggests that prescriptive management in the integration of services is of significant concern.

Prescription and professional integration

Does prescription make professional integration more difficult? Some researchers have argued that the focus on integration of professional work 'rests on an implicit ideology of neutral, benevolent expertise in the service of consensual, self-evident values' (Challis et al, 1988 p. 146). Even though this assumption does not rule out conflict, it does stress consensus. As discussed earlier, integration is self evident (Hagebak, 1979) and professional reform is primarily motivated by the professional's sense of responsibility and accountability (Kahn, 1962). Yet these very strong emotions, even when felt by the professionals seeking to integrate their services, create huge challenges that are difficult to overcome. Is the government's intention of prescribing changes in the way children's services are integrated likely to improve or weaken this situation?

Prescription of professional practice, which has been defined as 'the suppression of optional variability and the imposition of norms of usage by authority' (Patrick, 2005) is controversial and almost instinctively resisted by professionals. Clouder (2003) suggested that the professional undergoing a period of prescriptive organisational change is experiencing 'professional socialisation', a process by which professionals 'construct their profession' (p.32). Thus, she argued, it is the *profession* not the agency (i.e. the employing organisation) that is decisive in forming the individual opinion: 'There can be no mistaking that ultimately "the game" is prescribed by the profession, and those who wish to join that profession need to adapt accordingly to gain membership' (p. 220). As a result, prescription by others outside the profession is less likely to be successful.

The prescription of professional work is strongly evident in the way that *performance* is measured and monitored through systems of performativity. Ball (1994) pointed to the difficulties caused by such performativity and its 'terrors of performance and efficiency' (p. 190). Although his research focused primarily on the work of teachers, its lessons are applicable in other professional settings and are particularly relevant to this research: 'Teachers are inscribed in these

exercises in performativity, through the diligence with which they attempt to fulfil competing imperatives and inhabit irreconcilable subjectivities' (p. 191). From this perspective, performance prescription and professionalism amount to the same thing and, according to available research evidence, have a negative influence on motivation and achievement. Finucane et al. (2002), in a study of the effect of performance measurement, identified a strategy to make such approaches acceptable to professionals: 'A vision of what is needed has to start the process, the transition needs to be facilitated, and the acceptance has to be consolidated' (p. 962).

Fullan (2003), who wrote extensively about professionalism and managerial change, examined in depth the significance of professional acceptability. In his historical review of the nature of professional prescription, he identified a continuum in which the uninformed professional judgement of the 1970s (at the inception of managerialism) shifted to the uninformed prescription of the 1980s (as research external to the workplace was used by policy makers) and shifted again to the informed prescription of the 1990s (when policies and practices were based on the best of research and knowledge involving professionals themselves). The primary problem he identified was that in these approaches, 'there was virtually [a] complete absence of any capacity-building strategies and resources for how to get there' (p. 4). Therefore, he suggested that 'for deeper developments we need the creative energies and ownership [of the professionals and managers]' (p. 5). Necessary to achieve this ownership, he argued, is the 'informed professional judgement' that harnesses the active professional commitment, knowledge and skills of the 'subject of change' (p.24) – that is, the managers and practitioners affected.

From the above findings, it may be assumed that the *concept* of prescription, in itself, is not likely to damage the implementation of new policies. However, prescription has not been a process that has engaged the professionals affected by it. Prescriptive approaches do not benefit from the 'creative energy and ownership of the professional' that Fullan (2003) considered essential. For example, one critical component of the government approach to the Children Act of 2004 has been the prescriptive guidelines set out in the

Common Assessment Framework (CAF) (DfES, 2005d), which combine advice with instruction, and suggest both greater voluntary sharing and enforced compliance. So, for example, while the DfES suggests that 'these guidelines will encourage greater sharing of information between practitioners, where consent is given', on the other hand, they dictate that 'all local authority areas are expected to implement the CAF, as will be revised in early 2006, between April 2006 and the end of 2008'. (See Appendix 5 for a fuller description of the guidelines). Moreover, the CAF seeks to codify the professional procedures that practitioners must be seen to undertake if they are to comply with the prescription.

Based on the above observations, it is worth examining whether Fullan's (2003) concept of informed professional judgement is being used in those authorities where integrated children's services are being implemented. To address this question the experience of their introduction in Bexley is valuable, because it tests this hypothesis in the setting of this current research.

Implementation of the Bexley programme

The professional issues highlighted in this literature review – the ownership of change, the reaction to prescription, the significance of professional acceptability and the importance of participation in the process of change – were analysed in the research setting in Bexley. Specifically, because the children's services integration would affect over 3,000 professional employees in the local authority, the health service and in schools, a sample of over 700 of these professionals was surveyed in 2004. Responses to the questionnaire indicated strong support for the idea of integrated services but also revealed significant antagonism to both prescription and an absence of effective participation. Overall, the results implied that if professionals were to accept prescription they had to be engaged in setting down and prescribing their own rules – their professionalism. Following the survey I suggested:

Presumptions, perceptions, and practices in a system of organisational change appear to take place chronologically, in that one stage significantly influences the next. For example, in

this research, the presumptions (about what might happen in the organisations) undoubtedly influenced the perceptions (feelings about how things will happen) about the changes which may lie ahead; and these perceptions posed significant questions about the practices (the different methods of work) needed to achieve change. The hypothesis I develop from the research considers whether more clarity about the practices at an early (or at least earlier) stage in the process would reassure and therefore beneficially modify original presumptions and perceptions. Put another way, would a model of integration – what Fullan (2003) calls ‘informed prescription’ – make a difference to these components of attitude essential to the eventual product?

(Johnson (2005), p. 60)

It seems likely that the Bexley experience would be replicated in other authorities seeking to establish integrated services.

National experiences of children’s services integration

The National Foundation of Educational Research (NFER, 2004) carried out an extensive review of the 68 children and families pathfinder local authorities and evaluated their progress towards service integration. This review acknowledges that ‘in order for the ambition (of integrated services) to become reality, fundamental changes in attitudes and ways of working need to be effected in addition to large scale structural reorganisation. This presents a powerful new parameter for public services, requiring significant cultural change in the heretofore separately operating provisions for education, social services, housing and health’ (p. 1).

The review also collates the experience of change taking place in the different locations. Primarily, the report examines the way structural changes are being implemented and draws together many organisational models and structure charts. It also acknowledged the need for professional and managerial challenges to be addressed:

The desire to change the focus of local authority services and put the child firmly at the centre of attention needed large scale, and often patient, programmes of consultation and conviction: not least of the professionals themselves working within different terms of reference, legal remits and

working cultures of education, social services and health. In other words the middle managers whose importance for effecting change and educational improvement has been highlighted by researchers...those contributing to this study attest to their crucial role, without which large scale structural reorganisation is in danger of bringing about little real change.

(p. 17)

Yet the review is virtually silent on how the local authorities involved the diverse practitioners in the programmes of change. Specifically, no reference is made to any authority using a best practice model or attempting to apply a more systematic approach, derived from the literature.

This omission is particularly poignant in respect of the role of teachers. As Cohen et al. (2004) noted:

The new Minister for children may have responsibility for a wide range of children's services, including 'childcare' and early years' education, but her remit does not include the most central service of all: schools.

(p.82)

This absence is quite surprising given that the literature abounds with techniques for engaging practitioners and professionals, and for attaining professional ownership and acceptability (Attwood et al., 2003; Bardach, 1998; Heller, 2003; Himmelman, 1993; Kemp, 1988; Leathard, 1994). All such research has highlighted a common theme: professionals need to be involved in the process of change and feel part of the solution. That is, they need to own the outcome. Thus, the need for active *participation* in the process of change has arisen again and again. As early as the mid-1940s, Lewin (1946) discussed the importance of participatory research that could consider the practical problems confronting the practitioner. Subsequently, the paradigm of participatory action research has developed an extensive following and body of literature (Greenwood et al., 1993; Jones, 1986; MacIsaac, 1995; Revans, 1982; Susman, 1983; Zuber-Skerritt, 1996).

Issues from the literature

The social research literature has acknowledged that the engagement of the professional practitioner in the creation of integrated children's services is of paramount importance. Moreover, the reality for government is also clear: there is public pressure to provide continually improving services. In addition, whereas the motivators for these changes arose partly from historical events and crises that prompted urgent calls for reform, they are also part of a more general approach to the modernisation and change in the public sector needed to ensure the efficient administration of state-funded services and functions. Finally, the managerialism that has driven the process of change – political visions, defined tasks, assessed outcomes, and the measurement of performance – has also given rise to a particular style of prescriptive regime that aims to direct the role of the professional.

Nevertheless, the lessons from social research on the effects that prescriptive techniques for change have on professional work, hardly feature at all in the guidance or proposals for change. The guidance appears to ignore decades of professional experience in the collaboration and integration of human services, despite this being crucially relevant to the achievement of desired policy changes. That is, even though the importance of integration was identified over half a century ago, the well-documented and extensively researched obstacles to achieving it seem to have had little impact on the proposals for such reform.

As previously indicated, there is a radical difference between an agenda that seeks collaboration *between* professionals and the requirement that these professionals *merge* their functions and roles into a different form of organisation. Specifically, collaboration maintains the concept of professional boundaries, whereas integration seeks to erode and remove them. Two compelling arguments have emerged from research into the significant differences between the two approaches and the practical experiences of programmes to achieve them. First, the achievement of participation by

professionals in the process is essential to overcoming the many barriers to reform and second, the process takes time.

Both these points emphasise that managers who wish to implement these changes must find mechanisms for enabling professionals to further the changes themselves. Historically, the prescriptive guidance and regulation that followed the 1980s requirement to collaborate has not been effective. If it had, Laming (2003) would not have found such obvious weaknesses in the processes of inter-agency and joint professional functions. Thus, at a time when the tasks are even more challenging, it seems probable that the lessons of the past will not be assimilated. This thesis suggests that the professionals involved could themselves prevent the same failings occurring – if the government had a will to empower and involve them in the changes nearly everyone agrees would improve outcomes for children. Thus, this research proposes to identify a way forward that will more effectively involve professionals in the creation of a Children's Trust, and in integrating the work that it governs.

CHAPTER 3: METHODOLOGY

This chapter outlines the methodology for this study, which focuses on the reaction of practitioners and managers currently working collaboratively in separate agencies to a prescriptive organisational reform that requires them to integrate into one organisation. The discussion is organised around the following methodological elements:

1. The assumptions derived from the literature review;
2. The theoretical basis for the research;
3. The research paradigms of participatory action research and collaborative inquiry;
4. The use of the case study as a research method;
5. The use of qualitative analysis through semi-structured interviews;
6. The ethical issues taken into account in the research.

1. Assumptions of the Study

The literature review has identified several substantial professional challenges already associated with existing patterns of collaborative work. The proposed integration of professional work will further complicate these challenges and is likely to make the issues more intractable. Specifically, (a) prescriptive managerial change often fails, (b) present proposals for reform implementation fail to reflect the best practice identified by social research, and (c) professional participation (or lack of it) in designing the methods and techniques of change is likely to make a significant difference to the outcome.

Based on these statements, the following assumptions will be tested during the course of the study:

Assumption 1. The issues that inhibit effective collaborative work are different from those that influence the success of integrated working.

Assumption 2. The techniques used in the past to encourage active collaboration of professionals will not be appropriate to the new challenge of securing effective integrated services.

Assumption 3. The prescription of managerial change must be informed by respected professional judgement (i.e. simply requiring that professionals integrate is insufficient).

Assumption 4. The active participation of professionals themselves in the process of changing professional methods and techniques brings significant advantages.

Assumption 5. Participatory action research may provide a mechanism for enabling different professional stakeholders to develop trust and ownership of the process of change.

Assumption 6. The attitude of professionals to the creation of integrated services will be strongly influenced by leaders from within each of the participating professions.

From the research overview, it was also possible to clarify the theoretical basis for this research and by doing so identify the best methods for testing these propositions.

2. Theoretical perspectives

(a) Models of collaboration and integration

Although the concepts of professional collaboration and integration convey a notion of better outcomes for service users, the extant literature provides no model for identifying the difference in professional *attitudes* and *motivations* – and thereby the *professional acceptability* – of each approach. Nevertheless, a significant body of literature has identified the influences on professionals in these areas. Bronstein (2002) provided one such framework for analysis by combining the professional role, professionalism, personal characteristics and organisational history. Because these components of professional acceptability were regarded as critical by Kemp (1988) and Attwood et al. (2003), in their evaluations of organisational reform, the following theoretical concepts have formed the design basis for this research and are defined below:

- The professional's role – the clarity of expectations from the professional participants; the significance of the alignment with the stance taken by the profession's values; the allegiance to the employing agency; respect for alternative contributions from others; the view of what is 'best practice'; and the primacy of opinion. (For discussion of this component's

importance, see Abramson, 1990; Hoch, 1965; Kane, 1975, 1980; Lee and Williams, 1994; Waugaman, 1994);

- Structural characteristics – the methods of handling cases; the employing agencies culture of support for joint agency work; the effect on professional autonomy; and the opportunity for work to be done. (See Billups, 1987; Gulick and Urwick, 1937; Hord, 1986; Hughes et al., 1973; Mattessich and Monsey, 1992; Smalley, 1965);
- Personal characteristics – the personality traits of the participants and the personal trust between colleagues (see Abramson and Mizrahi, 1986; Brown, 1995; Mattessich and Monsey, 1992);
- Organisational history of interdisciplinary work – the existence of other examples of practice and the experience of it. (For a discussion of its influence, see Bronstein, 1999; Lonsdale et al., 1980; Mattessich and Monsey, 1992); and
- The management of integration and merger – attitudes towards the transfer of resources; opportunities for value creation; concerns about rationalisation and redundancy (See Lowendahl, 2000; Maister, 1993; Mintzberg, 1983).

(b) Prescription and performativity

The prescription of professional work has both positive and negative connotations. In some cases, the clarity of intention is helpful in giving a boundedness to the task (Easen et al., 2000) - through clearly specified outcomes, timescales, and procedures. Yet the pathways for achieving these goals are particularly complex. For example, if trust, morally purposeful policy, coherence, capacity, knowledge management, and continuous innovation are conditions for collectively informed professional prescription, how are these to be established (Fullan, 2003)? Performativity – the rules by which professional performance is judged – must also be acceptable to the stakeholders (Ball, 1994). Yet, the different professional participants in the programme to integrate children's services may have different standards and standing, which should ideally be reconciled to promote harmonisation of standards and values (van der Vleuten, 1996; Williamson, 2000).

(c) Participation in managerial change

Even though techniques of participation in change are widely recognised as critical to outcome, there are two related schools of thought on this issue. The

first, which views participation as a positive sum game in which any involvement is good, tends to assume no change in influence or authority in the process of managerial reform (Finucane et al., 2002). In contrast, the second believes that if decisions have already been made, there may be inauthentic participation – the practice of consulting people to increase job satisfaction or reduce resistance to change – which can lead to scepticism and frustration (Argyris, 1951, 1970, 1993; Etzioni, 1969; Miles, 1965; Pateman, 1970; Verba, 1961). Influence-sharing, however, can allow a shift of power from one person or group to another (Lammers, 1975). Delineating this participation relationship between stakeholders is crucial to testing the assumptions that guide this research.

3. Participatory action research and collaborative inquiry

(a) The research paradigm

The above theoretical perspectives highlight an essential dilemma for professionals faced with the prospect of change. Can they influence the outcome and thereby 'own' its implications? These concepts also identify the dilemma for the manager: Can the professionals and practitioners be managed and directed to meet statutory targets during the process of change?

Bringing about the co-operation of different professionals is never an easy task, but doing so during the creation of a Children's Trust and designing integrated teams is considerably more difficult than seeking professional consensus in collaborative work. Specifically, as already shown, it implies changes in professional roles and status, while at the same time suggesting that 'best practice' is also to be designed into the new operational arrangements. Moreover, techniques adopted by the government in the past to encourage active collaboration between professionals have been ineffective, giving rise to variations in outcome and selective professional acceptability. If earlier collaboration was plagued by such problems, service integration can be expected to engender even more difficulties. Therefore, a way needs to be identified to create a new organisation in which professionals

can carry out their tasks in an integrated manner using the best practice models available. Developing such an organisation will demand that operational professionals, managers, academics and researchers all combine their skills.

Participatory action research (PAR) can enable the different stakeholders to take the initiative for change themselves, by combining their informed professional judgement, identified by Fullan (2003) as essential to the creative energies and ownership needed for change (Hunter, 1992), with the influence sharing promoted by Lammers (1975).

O'Brien (2004) provided the following definition of PAR:

Participatory action research aims to contribute both to the practical concerns of people in an immediate problematic situation and to further the goals of social science simultaneously. Thus there is a dual commitment in action research to study a system and concurrently to collaborate with members of the system in changing it in what is together regarded as a desirable direction. Accomplishing this twin goal requires the active collaboration of researcher and client, and thus it stresses the importance of co-learning as a primary aspect of the research process.

(p. 2)

However, examination of the concept's theoretical origins throws more light on the paradigm and its relation to this research methodology.

Lewin (1946) is generally credited with coining the term 'action research', which he described as follows:

The research needed for social practice can best be characterised as research for social management or social engineering. It is a type of action-research, a comparative research on the conditions and effects of various forms of social action, and research leading to social action. Research that produces nothing but books will not suffice.

(Reproduced in Lewin 1948, pp. 202–203)

His approach involved a spiral of steps, 'each of which is composed of a circle of planning, action and fact-finding about the result of the action' (1948, p.

206). The basic cycle, which could then be subject to reflection and repetition, involved setting out a general idea, obtaining facts relating to that idea, and making plans:

The first step then is to examine the idea carefully in the light of the means available. Frequently more fact-finding about the situation is required. If this first period of planning is successful, two items emerge: namely, 'an overall plan' of how to reach the objective and secondly, a decision in regard to the first step of action. Usually this planning has also somewhat modified the original idea.

(p.205)

Lewin used the visual metaphor reproduced in Figure 1 to illustrate this process.

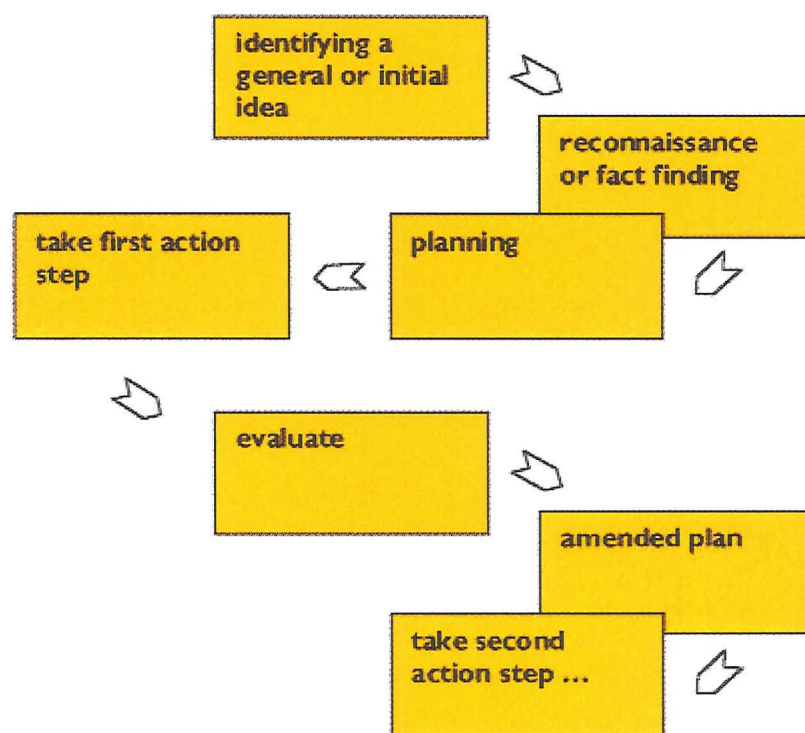


Figure 1. Lewin's visual metaphor for the process of action research [Adapted from O'Brien, 2004]

The next step in the cycle is 'composed of a circle of planning, executing, and reconnaissance or fact finding for the purpose of evaluating the results of the second step, and preparing the rational basis for planning the third step, and

for perhaps modifying again the overall plan' (Lewin, 1948, p. 206). Smith (2005) argued that 'what we can see here is an approach to research that is oriented to problem-solving in social and organisational settings. The approach, as presented, does take a fairly sequential form – and it is open to literal interpretation. Following it can lead to practice that is correct rather than good' (p. 3). It may also be argued that the model itself places insufficient emphasis on *analysis* at key points. For example, Elliott (1991) believed that the basic model allows those who use it to assume that the 'general idea' can be fixed in advance, 'that "reconnaissance" is merely fact-finding, and that "implementation" is a fairly straightforward process' (p. 70).

As might be expected, some questioned whether this research method was genuine (McNiff, 2002), and action research did suffer a decline in favour during the 1960s because of its association with radical political activism. However, Bogdan and Biklen (1992) pointed out that 'research is a frame of mind, once we have satisfied ourselves that the collection of information is systematic, and that any interpretations made have a proper regard for satisfying truth claims, then much of the critique aimed at action research disappears' (p. 223), Goff (2001) made the case for participatory research as a practice for ensuring 'safe and creative spaces for profound learning about our own part in suppression' (p. 2). Even earlier, Kemmis and McTaggart (1988) developed a model to incorporate this systematic approach into the typical action research process using four steps – to *plan, act, observe and reflect*. Their visual metaphor, reproduced below in Figure 2, emphasised the cyclical nature of the research process; however, McTaggart (1996) later considered it 'a mistake' to think that 'doing action research' consisted only of following the action research spiral (p. 248) for 'action research is not a "method" or a "procedure" for research but a series of commitments to observe and problematise through practice a series of principles for conducting social enquiry' (p. 249).

Thus, participatory action research works through three basic phases:

Looking – building a picture of the general idea and gathering information through reconnaissance. (The problem to be

investigated is defined and the context in which it is set is described.)

Thinking – interpreting and explaining. (The analysis and interpretation by the participants is discussed through a process of reflection. Areas of success and difficulty are reviewed.)

Acting – resolving issues and problems. (The worth, effectiveness, appropriateness and outcomes of the activities are judged and the solutions to problems formulated.)

(Stringer, 1999, pp. 9–10)

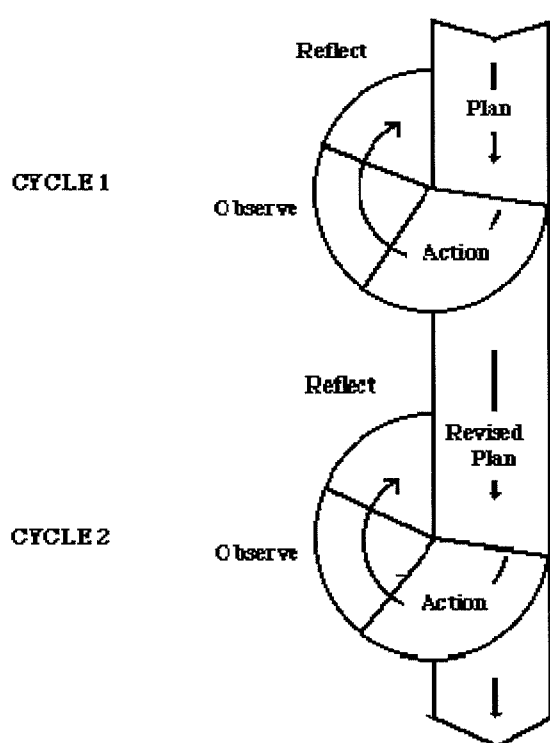


Figure 2. Elliott's amended action research process [Adapted from MacIsaac, 1995]

Elliott (1991) extended this approach to answer his own critique that the method needed a better practical application:

The general idea should be allowed to shift. Reconnaissance should involve analysis as well as fact finding and should constantly recur in the spiral of activities, rather than occur only at the beginning. The implementation of an action step is not always easy, and one should not proceed to evaluate the effects of an action until one has monitored the extent to which it has been implemented.

(p. 70)

A fuller transformational and evolutionary process thereby emerged. McNiff (2002) suggested that action research be seen as 'a spontaneous, self-recreating system of enquiry ...the notion of a systematic process of observe, describe, plan, act, reflect, evaluate, modify...I do not see the process as sequential or necessarily rational...it is possible to begin at one place and end up somewhere entirely unexpected' (p. 56). This delineation appears to be the essence of the paradigm. Indeed, there is now evidence that action research offers significant potential for organisational development. For example, Dodd (2001) demonstrated the influence of individuals' inquiries into their own practice on the quality of learning and action within their institutional settings. In addition, the literature review already demonstrated that professional ownership of change is essential. O'Brien (2000) put it less formally: 'the way to social change is through people's hearts and minds... one heart at a time' (p. 56).

McNiff et al. (1996) described an evolutionary action research process as follows:

- We review our current practice;
- Identify an aspect we want to improve;
- Imagine a way forward;
- Try it out;
- Take stock of what happens;
- We modify our plan in the light of what we found and continue with the 'action';
- Evaluate the modified action;
- And so on until we are satisfied with that aspect of our work.

(p.76)

For this research, certain other parameters must also be added; for example, government expectations, and indeed the statutory requirements for organisations as employers, must be incorporated into the process. Whereas in interpretive action research, researchers observe others doing their action research and offer accounts of activities, this current research must ensure that

theory and practice are shared, indeed interdependent. In this context, Fullan's (2003) concept of informed professional judgement (especially for a highly subjective and technically diverse subject like children's services) requires more than the simple participation of researcher and client. It also demands that we use the most advanced academic and analytical tools.

Such addition is provided by the paradigm of collaborative inquiry (CI), which seeks to extend the participatory action research model by combining the skills of the academic and analyst with those of the professional. As already pointed out, this current research aims to understand how professionals who currently collaborate to provide children's services are (a) informed about government requirements that they integrate their services; (b) made aware of the best practice experiences available (for scrutiny and review by the participants) anywhere in the country; (c) assisted in evaluating the best systems, technology and processes available; and (d) supported in the design of a new organisation capable of implementing integrated services. Addressing these questions using collaborative inquiry extends the advantages of participatory research to the analyst and academic, as well as to the professional and the manager.

Overall, combining the key elements of PAR and CI 'additionally recognises and attempts to provide a solution to the power imbalances that exist between community members and academicians/researchers in the traditional research situation' (Kakabadse and Kakabadse, 2002) because:

CI is a form of research that is conducted with, and for, the participants as collaborators. It is an approach to conducting research in which both researchers and participants contribute to the creative thinking and planning that goes into the research project, equally to the intervention that is the object of the project and share in the products of the process. Participants and researchers work together as equals, with respect for each others expertise and contributions.

(p. 340)

Thus, CI was selected as an appropriate paradigm for this research. In fact CI brings together an opportunity for professionals to discuss the most promising approaches, through PAR, with the additional advice and informed judgement

of academic and analytical research. Given the task facing the local authority – to produce a system of integrated working that meets the statutory requirements and is robust enough to stand the test of inspection and audit – it is important to bring to the attention of the participants the very best of national and international research findings.

Figure 3 illustrates the visual metaphor developed to demonstrate the use of collaborative inquiry to generate the research data and provide the basis for analysis.

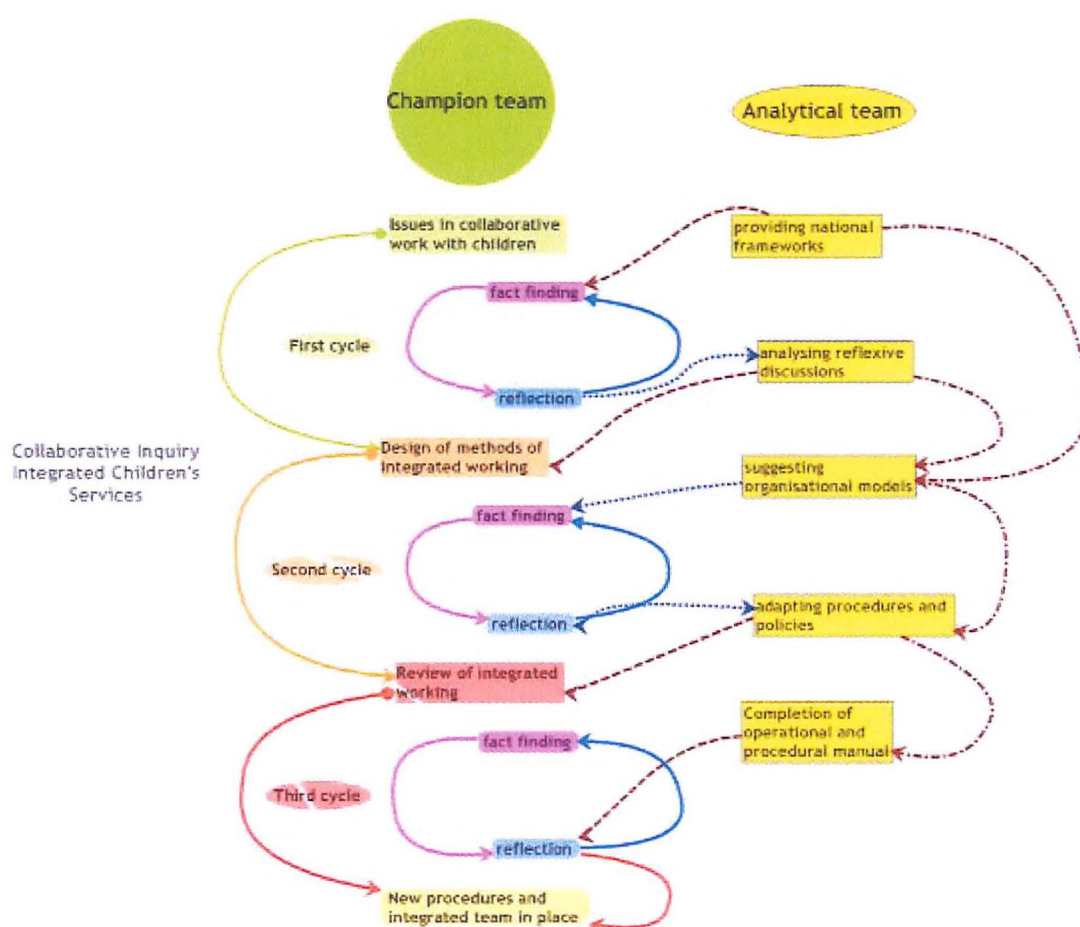


Figure 3. Visual metaphor for the collaborative inquiry between the champion and analytical groups

(b) The participants

This research, which took place between July 2004 and November 2005, established two groups of professionals. First, in September 2004, the larger

champion group of practitioners and managers was formed as a participant action group whose task was to design and operate the integrated service. The creation of this group was intended to respond directly to Fullan's challenge to identify informed professional judgement. In July 2005, a supporting 'analytical team' was established to provide data for reflexive consideration by the champion team. This team contributed the needed academic and research skills identified by Kakabadse and Kakabadse (2002), described integrated working practices and carried out reviews on the files of individual children.

Champion group

This concept combined Fullan's (2003) notion of informed professional judgement with that of Empson's (2000) professional pioneer. Earlier research in Bexley (Johnson, 2005) revealed that professionals working with children in need in social services, health, and education agencies welcomed the prospect of integrating their casework but rejected the prescription of their professionalism through managerial or governmental intervention. Fullan's research highlighting the importance of professional ownership of change prompted a discussion in Bexley about how a new system of integrated working could be codified in light of these objections. Through consultation with the separate agency professionals and management teams, as well as broader based conferences of operational staff in the three agencies, it was possible to identify representative managers and specialist workers willing to come together in a group. As in the research by Clemmer (2004) and Scott (2003), this group was thereafter referred to as the 'champion group'. Cummings et al. (2005) identified three types of champion groups: a 'top-down' or managerial perspective, a 'bottom up' or practitioner perspective, and a 'middle out' or middle manager perspective.

[Champion groups] are needed to provide the creative drive to overcome the bureaucratic response of "We've always done it this way" and to push against the inertia, passive resistance, or outright opposition that impedes most changes. A good champion is passionate about her or his cause or change.

In the top-down approach, champions are generally the senior management, promoting a strong change agenda for, in their view, the good, or even the survival, of the university. In the bottom-up approach, individual staff members champion their own area of change, harnessing whatever resources they can garner individually and often using their own time to manage the change process.

In the middle-out approach, the champions are middle managers, midway between the senior staff champions in the top-down approach and the teaching staff champions in the bottom-up approach. Given their focus on problem solving and operational matters, and possessing some authority and resource to implement change, they are in a unique position to mediate.

(Cummings et al., p. 7)

This research combined these three types to create one group of champions representing the three levels in the Bexley agency hierarchy. One important rationale for this approach stems from orthodox management theory (Jacques, 1976), which argues that those at the top of the hierarchy have a broader and more informed perspective on the affairs and fortunes of the organisation, a perspective sometimes referred to as their vision. It is thought that this broader perspective endows those at the top with the ability to devise plans and strategies that lead to organisational success. The theory also proposes that if everything is working properly, these plans and strategies will be transmitted down through the hierarchy in the form of guidance and instructions that change the behaviour of those delivering goods and services to customers (Rowbottom, 1977).

In practice, managerial hierarchies rarely work this smoothly. According to Best (2005, p.23-27), they are more likely to work imperfectly for a number of reasons, four of the most common, to paraphrase Best are:

- Long time lags going down the hierarchy: meaning instructions can be out of date by the time they are implemented;
- Long time lags coming back up the hierarchy: the effectiveness of the implantation and evaluation may take so long to be fed back that the senior managers are unable to direct;

- Middle management empires: Middle managers do their own thing, or dilute or change the message;
- Too big a gap between the top and the bottom of the hierarchy: senior managers are so distant from the frontline that they do not know what they actually do.

As discussed earlier, a key objective of this present research was to identify a model for the implementation of change in collaborative work practices that would create integration between the roles and functions of different professionals. Therefore, the champion group was chosen to represent the different skills and perspectives within the hierarchies. This group was comprised of the following individuals:

- Two deputy directors one from education and one from child protection (strategic management);
- Three heads of secondary behaviour support and special educational needs (operational management, education);
- A manager for children and young people's service (operational management, health);
- A community paediatrician (operational management/practitioner, health)
- A child care unit practice manager (operational management, social care);
- A senior social worker (operational staff, social care);
- A co-ordinator for children with special needs (operational staff, health)
- A lead health advisor (operational staff, health);
- An education welfare officer (operational staff, education); and
- Seven head teachers representing the full range of educational provision from early year, primary, secondary, and special schools.

The champion team thus included 19 colleagues from different professional backgrounds whose work was recorded and assessed chronologically during the following three phases of participatory inquiry.

(i) Evaluation of present collaborative methods of team working:

- Understanding the attitudes of professionals to the present collaborative methods of working;
- Identifying any omissions and opportunities for enhanced outcomes by better inter-professional work;

- Identifying how the professionals themselves propose and design new patterns of interaction.
- (ii) Making proposals for reform based on analysis of children's life histories by:
- Identifying proposals for interdisciplinary and integrated team working;
 - Setting out the structure for such an integrated team; identifying the organisational form, functions and job tasks;
 - Identifying how this would impact on the jobs in the present collaborative organisation;
 - Understanding the attitudes of the professionals to the proposed methods of working; and then
- (iii) Evaluating the newly defined way of working by:
- Understanding the views of the professionals involved about the new integrated method of working.

Analytical team

The researcher led the analytical team, formed to interface with the champion group. It included the senior professional manager responsible for chairing the champion group, an experienced and qualified policy analyst, a systems analyst and administrative support. The group met weekly throughout the research period to review the findings of the champion group and prepare cases and data for their reflexive consideration.

4. Case study analysis

To enable professionals involved in child protection procedures to examine their own practices with individual children, this research used a case study method within a collaborative inquiry (CI) paradigm. This method was deemed most suitable for the task because of the following characteristic:

The essence of a case study, the central tendency among all types of case study, is that it tries to illuminate a decision or set of decisions: why they were taken, how they were implemented, and with what result.

(Schramm, 1971, p.11)

The first case study revealed the decisions taking place in the system of collaborative work between practitioners in the social services, health, and education professionals. The second case study then sought to evaluate the decisions of these same professionals in adopting a system of integrated working that involved different professional relationships and accountabilities. Thus, the research took the form of two comparative case studies (see Yin, 2003), one dealing with collaboration and the other with integration.

The research stages are presented below, organized around Yin's (2003) five components for a case study framework: the study questions, propositions, units of analysis, logic linking the data to the propositions and criteria for interpreting the findings.

(a) Study questions. For each case study, I wanted to understand the reasons for the decisions taken in each professional intervention during an individual client referral (see units of analysis, below). Therefore, the essential components of the analysis were how and why decisions were made. As clarified below (see propositions), the study questions were designed to illuminate the rationale for the decisions and action taken in child protection episodes (the units of analysis).

(b) Propositions. The primary purpose of this research was to evaluate the differences in professional work between teams of professionals from separate agencies seeking to collaborate, and professionals integrated into one team, under the auspices of a single agency. To this end, the following propositions were formulated to reflect the research aims:

- Empirical analysis of individual child protection files would enable the professional work undertaken to be described and questions asked why interventions were made;
- The results of such analysis would assist in designing an improved, integrated system of working;
- The results could also lead to better methods of work sharing and clarification of who should be responsible and accountable for each aspect of the intervention by professionals;

- The overall analysis could lead to a revised design for the structure and operation of a new team, based on the principles of integrated working that may then be pilot tested; and
- The definition of observed changes in practice could then be codified and brought forward as operational guidelines for testing in a practical setting.

To address these propositions, it was necessary to identify specific examples of child protection interventions – the units of analysis – from the database records of participating schools and social services child-protection teams.

(c) Units of analysis. The study ‘units of analysis’ were individual files from a randomly selected sample of children already in the child protection system or known to the participating schools. The collaboration case study used 15 individual files across a range of complexities (five examples of each), which were analysed in detail by the analytical team and written up as narrative descriptions so they could be discussed by the champion group. The same 15 files were also considered later, in the second integrated case study, in order to establish what might be different and improved by a fully integrated practitioner team.

Each individual file was examined chronologically, from the time of the original referral to the time the case was ‘closed’ or the decisions on the appropriate professional interventions were made.

Individual file complexity was ranked on a 3-point scale using the following labels: modest, for minimal intervention in a child’s welfare not requiring statutory child protection measures; significant, for intervention that triggered steps within the child protection statutory guidelines (DH, 1999); and complex, for intervention that involved specialist referrals to secondary health care settings or other statutory agencies such as the police. Although 15 files were analysed by the two groups only three are presented in this research, by way of illustration of the methodology: one is modest, one significant and one complex.

(d) Logic linking data to propositions. The data recorded and analysed for each case study were related to the theoretical concepts set out above;

that is: models of collaboration and integration, prescription and performativity and participation in managerial change. For instance, how and why decisions were made in relation to each individual child protection file were interpreted according to each of the governing theories.

Specifically addressed were the following concepts derived from the literature review: the professional's role (e.g. views about best practice), the structural characteristics of the decision (e.g. methods of handling cases), the professional's personal characteristics (e.g., the personal trust between participants), the influence of organisational history (e.g., the effect of past agency decisions), the management of collaboration and integration (e.g., attitudes toward the transfer of resources), the attitude towards prescription (e.g., the degree of professional acceptability), and the attitude towards participation and influence sharing (e.g., the understanding of the participation relationship between stakeholders).

Collaborative inquiry was used to analyse the discussion and narratives produced by the analytical team and relate the resulting data to the theoretical framework. As the champion group discussed each individual unit of analysis (child file), the analytical team collected the data using a voice recorder and then used visual metaphors to explain how and why decisions were made (see data collection below).

(e) Criteria for data interpretation. An evaluation index developed by Bronstein (2003), adapted to enable methodological examination of the specific theoretical propositions of this particular research, was used as the most suitable matrix for identifying the similarities and differences in attitudes and outcome in each of the two case studies.

Bronstein's interpretive index

Bronstein (2002), seeking to understand whether interdisciplinary collaboration improves the outcome for children, argued for a 'systemised, objective method to measure the extent and evaluate the effect of collaborative practice' (p. 113). To achieve this aim, she constructed her index

of interdisciplinary collaboration, a 49-point scale that assesses respondents' self-reported sense of the quality of the collaborative exchange. Bronstein's model not only provided a valuable tool in this research but formed the basis of the semi-structured interviews with champion group professionals. (See appendix 2)

The questions measure five components of collaboration and integration identified in the literature review: interdependence, newly created professional activities, flexibility, collective ownership of goals, and reflection on process (Bronstein, 2002, p. 114). Thus, the components of collaboration and integration identified by Bronstein were used as criteria for examining the working of the champion group and for systematically analysing the resultant data. Nevertheless, Bronstein admitted that 'further refinement of the items is needed to distinguish better the subcomponents from each other' (p. 121). Consequently the index has been refined, through further qualitative research, in order that it can be most useful in this study.

(f) Data collection, analysis, and presentation. Data collected through group work was presented using two techniques: 'visual metaphor' and 'transcription analysis'.

Visual Metaphor using *Mind Manager*

The work of the champion group was facilitated by the use of visual metaphor, 'a term that designates how visual space is organised as a means of sharing cultural and social knowledge. (St. Clair, 2000 p. 85). The relationships between the social services, health, and school professionals, identified during their collaborative process, were set out graphically using *MindManager*¹, a software product from Mindjet Corporation, which allows users to create visually linked images to assist planning and collaboration. Figure 4 provides an example of such mapping for the 'modest' child protection file.

¹ Available at: www.mindjet.com

Because the collaborative inquiry into individual files consisted of a chronological review of each service user's experience (i.e. that of each child sampled), the amount of detail produced as the professionals assessed their needs was significant. As they discussed how and why they made decisions on necessary interventions a technique was needed which allowed them to review their work reflexively. The *MindMap* system visually describes processes, thoughts, actions and group decisions of the group so that outcomes on each topic can also be reflexively documented by the analytical group. *MindManager* was used to depict the key elements identified in each file review. The resulting *MindMap* flowchart (see Figure 4) illustrates the roles of professionals in each of the three services – health, education, and social services –in relation to key professional areas.

These visual metaphors were not isolated from the other usual recording approaches but were rather seen as complementary to the reflexive process.

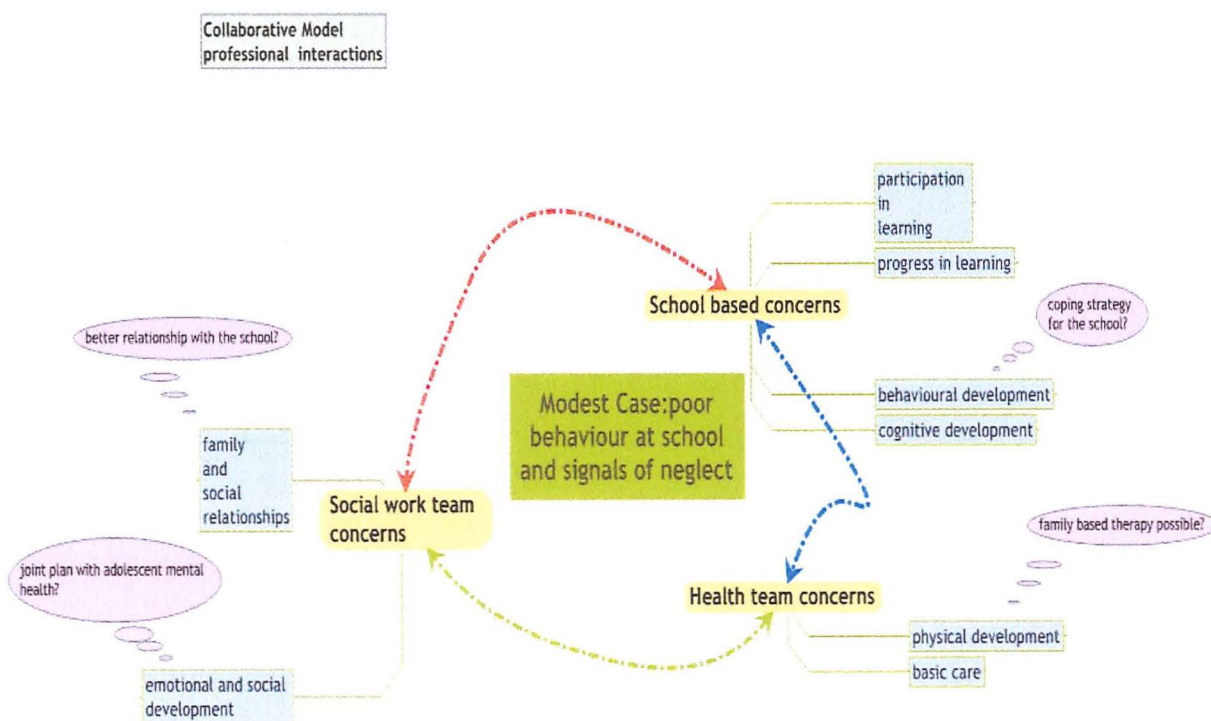


Figure 4. A *MindMap* flowchart for the modest file

Transcription analysis using *NVivo*².

The transcriptions of group discussions were also digitally recorded and the transcripts coded using QSR International's *NVivo*, a software product for coding and analysing text, interviews, archival documents, and structured and unstructured data for qualitative research studies. Because the coding and searching capabilities of this software product support many qualitative and quantitative ways of viewing and extracting the data, its use enabled more detailed analysis of the pertinent issues and collation of the relevant data. The resultant transcripts were used to verify participant consensus on particular professional points of emphasis and to complete a written minute of the meeting for review at the next session.

5. Qualitative analysis – the semi-structured interviews

Some literature has suggested that the views of a group may not represent the true beliefs and values of the individuals in the group. For example, Gibbs (1997) identified the need to look beyond the 'voice of the group itself':

It should not be assumed that the individuals in a focus group are expressing their own definitive individual view. They are speaking in a specific context, within a specific culture, and so sometimes it may be difficult for the researcher to clearly identify an individual message. This is a potential limitation of focus groups... focus groups can be difficult to assemble. It may not be easy to get a representative sample and focus groups may discourage certain people from participating, for example those who are not very articulate or confident, and those who have communication problems. The method of focus group discussion may also discourage some people from trusting others with sensitive or personal information. In such cases personal interviews or the use of workbooks alongside focus groups may be a more suitable approach.

(p. 3)

² Available at: www.qsr.com

Therefore, personal interviews with each member of the champion group were conducted using a semi-structured interview. To give additional emphasis to the confidentiality and anonymity of responses, and the guarantees given to participants (see Ethics, below), these interviews were undertaken by independent researchers³. The interviews took place over two time periods during the group's discussions on each of two case studies undertaken.

In early May 2005, before the interviews were initiated, the group received a presentation by the independent researchers at which the methodology for the data collection was discussed and agreed. Also discussed and agreed upon were the questions to be used in the interviews and the use of telephone interviews conducted at the convenience of the respondent. The first series of interviews, part of the case study on collaborative methods of work, was conducted in May and June 2005; the second, on the integration case study, took place between August and September 2005.

(a) Questions and format of the semi-structured interviews

The basis for the semi-structured interviews, together with the full question set, is appended (see Appendix 2). As explained, the question format used Bronstein's (2002) index of collaborative working as a basis for the examination of the data in light of the theoretical perspectives. Specifically, it allowed the views and attitudes of the respondents to be interpreted according to the central themes of interdependence and the significance of newly created professional activities, collective ownership of goals, and reflection on process.

(b) Triangulation of findings with professional focus groups

Because one stated purpose of this research was to generalise the Borough-wide findings for possible use in other locations, the findings needed triangulation. McNiff et al. (1996) make this important point particularly in

³ Herc Associates, Dr Rosie Tope PhD, Med, RGN, RNT, RCNT, Cert.Ed and Dr Eidwenn Thomas

relation to participatory action research: the researcher should 'aim to triangulate the data; that is obtain data from more than one source to use as evidence to support a particular explanation...this is important in getting other people to validate [the researcher's] claims to knowledge' (p. 69).

In this research, triangulation was undertaken by discussing the process and research findings in professional focus groups; specifically, the practitioner forums originally created to implement the Children's Fund⁴ programme established by the government in 2000. The forums in Bexley were multi-disciplinary, sharing programme responsibility with social services, educational, and school professionals. They were also close to the service users and able to contribute a front-line professional perspective to the descriptive results.

This triangulation of findings commenced in June 2005 following the first four meetings of the champion group and was repeated every two months throughout the research period. Respondents were asked to comment on the outcome of the champion group's discussions and on the professional and organisational issues that affected them in the process of the group's work.

6. Ethical Issues

The ethical considerations in this research were considerable. Because I, the primary researcher, was also the principal manager responsible for the outcome of implementing the 2004 Children Act, my interest in project success raised the danger of bias in favour of certain outcomes. Other potential biases included a likelihood of preferences for, and prejudices about, the skills and abilities of the different professions to cope with the change programme.

⁴ The Children's Fund was launched in November 2000 as part of 'the Government's commitment to tackle disadvantage among children and young people. The programme aims to identify at an early stage children and young people at risk of social exclusion, and make sure they receive the help and support they need to achieve their potential.(DfES,2004).
<http://www.everychildmatters.gov.U.K./strategy/childrensfund/>. (Last accessed 1st June 2005).

To counteract the potential for such biases, this research applied the Society of Social Research (2003) guidelines and incorporated them in the methodology. In particular, it ensured the following:

- The development of the work remained visible and open to suggestions from others;
- Permission was obtained before making observations or examining documents produced;
- Descriptions of work and points of view were negotiated with those concerned before publication;
- Confidentiality was respected and guaranteed;
- The relevant persons, committees, and authorities were consulted and the principles guiding the work accepted by all; and
- All participants were allowed to influence the work, and the wishes of those who did not want to be involved were respected.

(a) Specific ethical issues in insider research

Gwynn (2004) identified the importance of avoiding the inevitable tensions of combining the role of researcher with other professional roles such as that of teacher in the classroom. Thus, with this concern in mind, the qualitative research using semi-structured interviews was undertaken by specialist interviewers and the researcher did not actively participate in any collaborative inquiry with the champion or practitioner groups. Nevertheless, even though such an approach had the advantage of avoiding possible response bias in both groups, there were also disadvantages.

Firstly, as Bray et al. (2000) pointed out, interpretation of the data, especially in relation to collaborative inquiry, is more difficult if the researcher is relying on feedback from other contributors: 'The initiators of the inquiry pose the basic question of interest to them and invite others who potentially share this interest to join them. However, the group as a whole may refine or reshape the question as they explore the possibility of working together' (p. 11). Therefore, because the process is a dynamic one, exclusion of the initiator from the collaborative reflection may raise the question of whether the interpretation of that reflection and its description can be valid.

Elliott (1991) recommended certain methodological mechanisms to overcome this concern:

Procedures and strategies for protecting individuals for possible misrepresentations and misuses of sensitive data...need to be developed by insider researchers...e.g.,

- Cross checking eyewitness accounts of events and observations.
- Giving individuals opportunities to reply to accounts of their activities and views, and have these incorporated into documents and reports.
- Presenting alternative descriptions, interpretations and explanations of events and practices.
- Consulting individuals about the contexts in which their actions and views are represented and reported.

Procedures like these do not reflect a compromise with a right to privacy. They are consistent with a right to know but ...are based on considerations which establish conditions of promoting *trust in the researcher as insider* and the value of critical openness within the professional culture.

(p. 64 [emphasis added])

These mechanisms were used in the analysis and documentation of the data from this study. As outlined above, the interpretation of data from the reflexive group work was done through analysis following transcription and completion of a visual metaphor. The group discussion transcripts and the visual metaphors, copied to group members as soon as they were completed, were then used to clarify the points of discussion and were added to the agendas of the next group meeting for agreement, clarification, or comment.

(b) The Role of the Researcher in the Champion, Analytical and Focus Groups

In view of the complexity of these ethical issues for the researcher, it is necessary to clarify and explain my role in relation to the groups and to the data collection.

The desire to undertake this research stemmed from the earlier questionnaire survey I conducted in Bexley (Johnson, 2005). In that research I was able to identify that professionals in the Borough involved in children's services were supportive of the concept of integrated working, but resentful of managerial prescription and the lack of authentic participation in the design of change.

As the key manager responsible for the delivery of the statutorily required changes I had to be careful not to affect the data by creating error by participating too actively myself in the discussions of the respondent groups. To avoid this I had one initial meeting with the champion group to emphasise its autonomy and ability to decide the way forward in reflexive discussion. To test the propositions in this research I employed independent researchers (Tope and Thomas, 2005) to undertake the detailed qualitative research interviews based on the framework I adopted from Bronstein (2005). The transcripts of the discussions of the champion, analytical and practitioner teams were made using a digital recording device and then typed for analysis using NVivo. I analysed these transcripts against the theoretical frameworks explained in the methodology myself. The analytical team was led by a principal research officer from within the team based in the Chief Executive's office. She provided the direct contact between the work of the analytical team and the champion group, by sharing minutes taken during the discussions of the group and in joining in the reflexive analysis of findings. I was able to review progress by meetings with the analytical group on a weekly basis during the research period.

I held meetings with the focus groups of practitioners based outside the champion group and these too were digitally recorded and analysed using the NVivo software.

CHAPTER 4 – PRESENTATION AND ANALYSIS OF THE DATA

The research findings are set out in four parts. Part one examines the first case study – collaborative working – and presents the qualitative analysis of the work of the champion group and analytical team. Part two explains the reflexive action of the groups in setting a model (or framework) for collaborative analysis. Part three reviews the second case study – the work of the groups as they progressed towards integrated professional systems – the integrated working case study; and part four identifies the key research findings and outcomes.

PART ONE: QUALITATIVE ANALYSIS OF THE WORK OF THE CHAMPION GROUP AND ANALYTICAL TEAM

1. Case file examples

Case file examples of ‘children in need’ (already known to the social services and education departments) were used to generate the data for group review and analysis. The sample cases were ranked modest – those needing relatively limited intervention from professionals; significant – those needing statutory interventions; and complex – those needing multi-disciplinary and specialist professional contributions. Case files in each category were chosen to reflect the widest range of inter-professional and inter-agency circumstances that arise in practice.

The case files were chosen by the group itself, but it was decided beforehand (through group discussion) that it was important to ensure the widest applicability of the cases. The following text, which emphasises the setting, exemplifies a discussion on which file to choose:

So there has been a little bit of outreaching and saying ‘please think of the best examples of our concerns’ and ‘talk us through them’ initially.

I suppose there’s a bit of saying we actually think that the climate is as ready as it’s ever going to be to really make some changes. So, I think that’s how we came to have the discussions about the cases that we started off with.

(Senior social services manager in the champion group)

The methodology for the reflexive approach to case analysis was also discussed at length in the initial group meetings, with an emphasis on guaranteeing authentic participation (Pateman, 1970) and influence sharing (Lammers, 1975). Overall, as shown by the comment below, the group showed tangible enthusiasm for the opportunity to create a new way of working:

It was amazing to me just how quickly the group gelled together. Most people I didn't know but one or two people did know one another. But they gelled very quickly. There was a huge amount of enthusiasm and keenness to feed into this group things that are actually going on in the middle and the south of the Borough and the discussions just sort of flowed. This is what's been going on in this group, lots and lots of discussion and very fired up opinions and ways forward and that's exactly what happened. I think it will bring, just from the little bit I've heard today, a different perspective which is I think what you want so that you don't just have a one only profession type of viewpoint. Very excited I think the group was.

(Primary head teacher in the champion group)

The case analyses enabled description of a jigsaw of professional linkages and development of 'good, simple planning tools [that] help us to see the whole change jigsaw and make informed decisions on what has to come first' (Hyams, 2001, p.21). At the outset, the group wanted to respond to the feelings expressed by the head teachers and the educationalists working in schools that they had not been sufficiently involved in the management and supervision of professional support for children and parents; that, as one head teacher put it in the formative discussions, they were somehow 'out of the loop':

I have to say that I am here and willing to take part in this group because for years we have just been told what we can have and made to feel lucky to get anything. I have never felt *part* of something; it's almost as if we are treated as another client, rather than part of the professional group who can do something really effective. We have been out of the loop too much.

([emphasis added] Primary head teacher)

As a consequence of this strong feeling at the outset of the group's work, it was agreed that the cases for examination should be identified by the schools. Despite a strong belief that the action research approach would identify the weaknesses and failures in professional practice, the primary motivation was identifying ways to stimulate preventative work by looking at new procedures and practices. However, participants recognised that such changes do not happen immediately because services tend to concentrate on statutory requirements rather than the professionally desirable interventions they instinctively know would make the differences needed:

We have missed many opportunities to make a difference to a child's life early, when things started to go wrong. It's been all about meeting the targets and covering our backs and there is no energy and time left for anything else. We should be looking at a new approach based on preventative action. I know this will make a big difference.

(Secondary head teacher)

The champion group used the case histories to identify practical solutions to the problems of interagency working and propose methods of testing the way services could be integrated. During the course of the group work from July 2004 to August 2005, 15 case files were reviewed, three of which the group chose to represent their findings and observations and clarify their assertions. The outcomes of these three case discussions are given below. The files provided the focus for the reflexive group review and the proposals for collective action decided as a result of the fact finding phase of the reflexive process. In that sense, the case descriptions may initially appear as more managerial analyses that conceal the underlying tensions and issues – related to professional accountability and ownership of the processes – apparent from the discussion transcripts. To examine such issues in depth, the transcripts from case files were then combined to test the research propositions set out in the methodology.

2. Case file discussions – structure of the analysis of each case

The three case types – modest, significant, and complex – were described in a similar narrative way to engender similar discursive analysis. Each description is arranged around the same format: brief description; narrative history; key issues identified during the collaborative inquiry; and proposals for change.

Each case file analysed by the group was structured to facilitate the fact finding stage of the reflexive analysis and prepare for the action planning stage, through group discussion. One method of doing this, through the use of visual metaphor made possible by the MindMap software, was created by the analytical group, to enable consistency in data description. Figure 5 is a model for the use of the software which enables the definition of the different professional relationships – including linkages and flow of information – between the participating professionals and agencies. The school is shown at the centre of the relationship between the professionals, the child and the parent. A bold line represents a critical relationship; a broken line, a peripheral relationship; and, to differentiate between active participation in the case or limited passing of information between agencies, the arrows demonstrate whether the information exchange was in one or both directions – to and from the key professionals and agencies.

This relationship map was used to enable both the champion group and analytical team to identify issues for the action planning phase. This was accomplished through dialogue between group members, leading to questions about the case and examination of the professional stages and practical work undertaken.

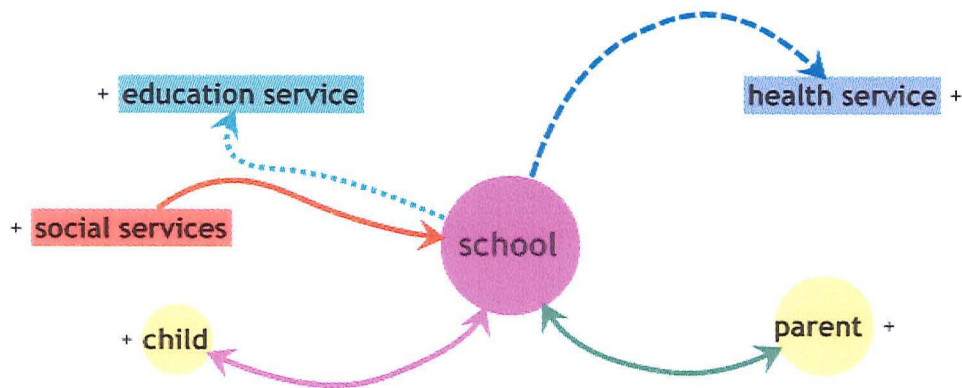


Figure 5. Visual metaphor diagramming the professional relationships for the champion group analysis

The following text then looks first at the narrative of each case and then at the key issues raised by the groups in reflexive discussion.

The first case history described here is the ‘modest’ case involving a boy aged 9, who was exhibiting signs of parental neglect.

Case history 1: The modest case example – Peter, aged 9.

Quotation marks in the narrative highlight text reflecting the judgements and attitudes of the professionals involved.

(i) **Brief description.** The original contact between Peter, a nine-year-old boy whose family originally lived in the north of England, and the local social services department, followed Peter’s mother’s exposure to domestic violence and her subsequent request for refuge from her husband. The family subsequently moved to Bexley to stay with a man Peter’s mother had met on the Internet, a relationship which also ended following domestic violence, but only after Peter’s mother realised she was pregnant with her second child by the now estranged partner.

(ii) **Narrative history.** The case was brought to the attention of the champion group by the head teacher, because the school ‘had received no

update on the case and it was obvious that a more co-ordinated approach was needed’.

In 2002, the family was placed in a refuge by a neighbouring council in south London. The refuge staff noted Peter had significant difficulties and made a referral to the social services department in the family’s northern England home town, because of concerns for Peter’s welfare.

The family history with the Bexley social services department began in 2003 when they moved to the Borough to stay in rented accommodation. By this time, Peter’s mother was ‘heavily pregnant’ and first became known to the school when Peter started in February. The original referral to Bexley social services had been from the council in the north of England, which had assessed the family earlier. In its initial 2003 assessment, Bexley social services noted that Peter appeared healthy but ‘continued to soil himself’. Therefore, an appointment was made at the local medical centre which referred him to the encopresis clinic. Peter’s mother attended neither session, stating later that Peter would ‘grow out of it’. The social worker had noted that Peter appeared to have ‘moderate learning and speech difficulties’, but nothing was done about that observation at the time. Indeed, after ensuring that basic housing needs had been met, the social services department deemed no further action necessary and did nothing further until early 2004, when an anonymous call to the NSPCC commented on poor parenting and neglect of the children. This caller stated that the house was dirty and smelled of urine and the baby was at risk because of the dirty environment.

Following this call, social services conducted a second initial assessment, gave Peter’s mother advice about cleanliness, and made an ‘exceptional needs payment’ to enable her to pay for carpet cleaning. After this, the case file was closed, even though the head teacher at the school had reported that ‘Peter’s hygiene needs are clearly not being met. He often comes to school smelling of urine, faeces and cigarette smoke’. The head teacher had also expressed concern that because of this situation, Peter was being bullied. By this time, the SENCO (Special Educational Needs Co-ordinator) was also involved in the case and had also referred the case to the school nurse and

the home visitor, neither of whom knew anything of the social services department's previous involvement.

In 2004, the school applied for a statement of special educational needs and reported that Peter's schooling had shown significant improvement; however, it still had concerns about Peter and his mother, who had attended the parenting group looking 'dishevelled and untidy'. Follow-up work by the social services department had noted the house to be 'clean and tidy' so, even though Peter's mother had not kept her arranged appointment with the GP, the case file was again closed.

The champion group head teacher who raised the case felt strongly that the school had been left out and not kept informed about what was being done. Indeed, the case was only followed up at all because the school-based SENCO had 'chased for a reply' from the social services department. This assertion set the scene for a challenging group discussion.

(iii) Key issues identified during collaborative inquiry. The discussion by the champion group focused on two areas – the *processes* for dealing with the case undertaken by the professionals and the *priorities* set for the action actually taken.

a. Process issues in the case. The length of time taken by agencies and professionals to respond to referrals and the lack of co-ordination between the departments dominated much of the discussion: 'Each of us had done what we had to do, rather than what we all needed to do' was the statement made in summary by the group facilitator. There was also concern about the perceived speed with which cases were closed and the 'lack of a clear role for the school' in providing a more stable environment for Peter. Professionals complained that they had done what they were required to do by their own agency.

Figure 6 is a diagram of the visual metaphor agreed on by group members to summarise their feelings about the case, one aspect being

the missed opportunity to benefit from other Borough facilities and professionals (e.g. the family centre and parental support services). The group agreement that the school-based professionals felt isolated from the social services lead professionals is especially evident. Even though the special needs advisor (SENCO) worked directly with Peter, as did the school nurse, there was no joint review of practice. Similarly, the social services department limited its work to the statutory requirements for action. As a result, information flowed to the social services department from and via the school but not vice versa. Specifically, despite *two-way flows* of information between Peter and the professionals and between Peter, his mother, and the school, only a *one way flow* of information occurred between the school and social services department.

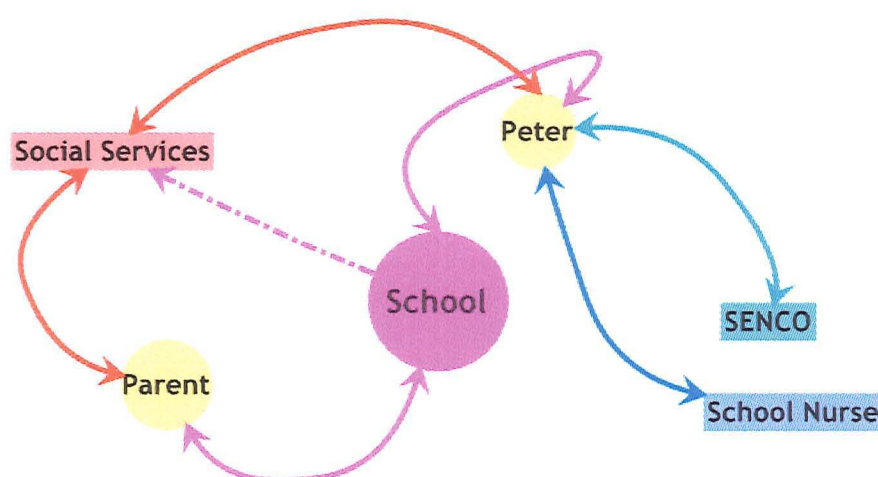


Figure 6. Diagram of the group's visualisation of this case

b. Priority issues in the case. The case discussion revealed significant demarcation in professional roles and engendered much debate on the thresholds for access to the available services. Even though Peter's mother was clearly vulnerable, the child protection services could offer her no help: the case did not meet the criteria for referral to adult social care.

(iv) Proposals for change made in the reflexive discussion.

The discussion particularly emphasised the need for enhanced professional communication and a greater degree of involvement by the school-based professionals in the case planning. The group identified both organisational and practice changes needed to overcome these weaknesses. Joint working was seen as possible only if professional relationships could be improved and organisational tensions (especially in relation to the school's role) clarified.

Case history 2: The significant case example– James , aged 11.

(i) Brief description. James, an 11 year old boy, with parents who had separated about seven years earlier, lived with his mother but had regular contact with his father. About a year after the separation, for no apparent reason, the mother decided that James's contact with his father would be discontinued. During this time, the mother had another child, now aged six, with her new partner. Following referrals about the family, James was placed in foster care, but the school remained 'unhappy with the care' James was receiving and 'his behaviour in class'.

(ii) Narrative history. The case was identified for group discussion by the primary school head teacher. James was first brought to the social services department's attention in 2001 when the father, Mr Smith, telephoned to make a complaint that he had observed James, aged seven at that time, demonstrating 'inappropriate sexual activity' towards his new partner's five-year-old daughter. James's mother had called Mr Smith early in 2001 – following a long period of no contact – requested help looking after James for a while because she could no longer cope. Mr Smith had agreed to do this and had taken James home with him.

After an initial social services assessment into the reasons for James's 'inappropriate behaviour', he was referred to a family centre but continued for some months living with the father before returning to his mother. Nothing more was done on the case until later in 2001, when the NSPCC reported an anonymous call that James's mother was constantly shouting at the children: 'not normal shouting by a parent, but ongoing all day, and every day'.

A second social services department assessment finally identified that James's mother had not taken advantage of the first family centre placement. Another placement offer was made to the mother, but no further action was taken between 2001 and 2005 when the school became involved. By then, according to the head teacher, James 'had become terribly disruptive in class, kicking and slamming doors and having highly emotional outbursts'. The head teacher noted 'some knowledge' of the family circumstance including that the mother 'has mental health problems which are aggravated by certain external triggers'. Apparently, these 'relapses' had occurred when the mother's partner left. The school also had information that the mother and her partner had attempted to leave the children at a social services office in 2005. Following an argument with neighbours, they had also threatened to leave the children at the police station if 'social services refused to do anything'.

The school began to be concerned because James and his sister 'often looked neglected'. The head teacher reported that 'everything possible was being done to avoid exclusion' and the school sought 'specialist help from the pupil referral unit' but had been told that as 'James did not have a long history of behaviour problems' he could not be 'given a place'. By this time, James had moved in and out of three primary schools – one while living with his father, one following the problems with neighbours when the family moved away from the Borough to live with a relative, and his present school. The present school had come to believe that John's behaviour had worsened once he had no contact with his biological father.

Social services did not agree that the mother was mentally ill as the school had surmised, but rather that she was subject to 'periods of depression'. Nevertheless, she was 'terribly aggressive' and the 'domestic violence was not a man on woman issue in this household, but was actually her kicking her male partners.' It was therefore the mother's aggressive behaviour that brought the family to the attention of social services. By now, the mother had been excluded from the school because of her aggressive behaviour and attitude towards teachers. Indeed, the case revolved around James's mother and her various partners, not James's behaviour and welfare. To support the

mother, social services arranged foster care for the children who 'although they love their mother, did not want to live with her any more until she got better and stopped having headaches'. The children are now in foster care, but the head teacher identified concerns that the 'social care needs of James may be met, but this did not seem to have affected James's behaviour in school. The school did not like the way the case had been handled at all'.

(iii) Key issues identified. This case was labelled significant because it involved many different professionals.

a. Co-ordination issues. No fewer than 18 professionals had been involved in the assessment over the four years, and nine professionals were currently involved in inter-agency collaboration on the case. It was, according to the head teacher, 'an example of uncoordinated action by a large number of well meaning people.' Therefore, the areas highlighted for this case were professional issues, organisational tensions and procedural dilemmas.

The detailed diagram in Figure 7 again shows the champion group agreed that the school was again isolated (also identified for the modest case shown in Figure 6) from the decision making about the case – with little feedback from the lead professionals to the school or school-based professionals. The social services department is still shown as having a pivotal role in the case, referring directly to the medical practitioner and the specialist CAMHS team. The separate and uncoordinated action between the school and the pupil referral unit and between the parent and the family centre is also emphasised.

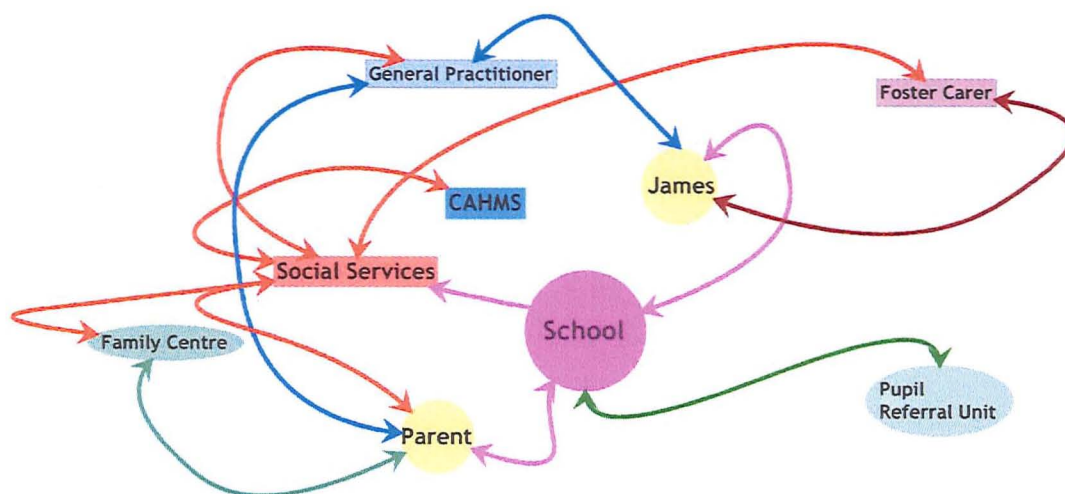


Figure 7. Diagram of the group's visualisation of the significant case

(b) Process and professional decision-making concerns.

For this case, the champion group began reviewing their observations in the context of the common assessment framework (CAF, explained in detail in Appendix 5), now required by DfES for inter-professional assessment of the needs of the child. The group identified key areas for discussion and criticism of the practice in the case, which they categorised as general, social service, health, education welfare, and behaviour support. The action research fact finding took the form of documenting questions about each of these areas. For social services, the questions were assertive and critical: What support is available? Why did it take so long? How often did James look neglected? The apparent lack of a clear role for the 'education welfare' professional was questioned. The effects of James's behaviour in the classroom on other children were also reviewed in depth to highlight the proper role for the school in the assessment and management of the case.

(iv) Proposals for change in reflexive discussion.

This case file study clearly shows the need for more formal mechanisms to assess and record data, as well as clearer lines of accountability and professional leadership. The discussions concentrated on the practice issues

affecting inter-professional work. Again, as in the modest case example, the ambition for joint working remained paramount. The importance of professional relationships and the organisation of services (with the school at the centre) were seen as the essential components of the solution.

Case 3: The complex case example – girl Tina, aged 13.

(i) Brief description. Born in 1993, Tina is the first born of three children whose parents lived together for ten years until the father left the family home in 2003. Two of the children, Tina and her youngest sibling, stayed with the mother. Since the birth of her sister, Tina's behaviour has become 'increasingly challenging' and she is now in foster care with 'concerns about her drug use'. She also has a criminal record.

(ii) Narrative history. In the family's first contact with social services department when they moved to Bexley in 1997, they sought financial help and assistance with Tina's behaviour. At that time, according to Tina's mother, Tina was bullying her younger sister and showing 'attention seeking behaviour' such as smearing herself with her own faeces and hurting the family pet. The health visitor became involved with the family, and a referral was made to a behaviour management clinic. Anonymous calls during this period to the social services department also complained that the father was verbally abusing the children by using sexually explicit language to reprimand them. No further action followed this complaint, although it was considered 'highly likely' that Tina's behaviour had been 'a result of sexual abuse' by the father.

Later, in 1998, another anonymous call reported continued aggression against the children by both parents and the physical abuse of Tina's sister by the father. The subsequent assessment by the social services department led to a child protection conference and the children being placed on the child protection register under the heading of 'emotional abuse'. However, this position was only maintained for three months, after which the children were removed from the register.

Nevertheless, concern continued about Tina's behaviour, including ongoing cruelty to animals that involved the death of one animal and continued 'cruelty' to Tina's younger sister. In 2003, the father left the family home and Tina's mother started to complain to the school that she could no longer cope with Tina's behaviour. The mother 'pleaded' with the school for help in coping with Tina, who was now leaving the family home at night and not returning until the early hours. When Tina moved to a secondary school in 2004, she apparently developed 'increasingly challenging behaviour' and is now seen to have 'advanced sexual awareness' and is known to be using drugs. She is also 'regularly shoplifting' and has been 'interviewed on several occasions' by the police.

The specialist mental health services (CAHMS) became involved with the case, but Tina's mother failed to attend the referral interviews. Indeed the CAHMS service refused to provide therapeutic assistance until Tina was in a settled place. Tina was then provided with a voluntary placement with foster carers, but her behaviour did not improve. The foster carers reported that she continued to 'smoke in bed, sneak out at night and defecate and urinate in the garden and garage'. When distressed, she would also 'scream hysterically'. Tina still had regular contact with her mother who, according to the head teacher, was 'at her wits end' and 'pleading for help'. On the other hand, the social worker had described the mother as 'a large, unkempt woman who refused to accept any responsibility for Tina' and was always 'blaming Tina for everything that was wrong'.

The secondary head teacher who described the case to the champion group was critical of the help offered to the family and the lack of 'communication' with the school about the case. Social services responded defensively to this challenge, arguing that 'schools do not want to engage with these cases' and 'lack an understanding of the role of social services'. They pointed out that the child's transition from primary to secondary school had not involved any 'sharing of information or concern'. The group labelled the case 'complex' because of the extent of inter-agency work and the uncertain outcome for Tina. No one seemed to know how to help the family, and no agency

accepted responsibility for the present inability to find any worthwhile assistance for Tina's difficulties.

(iii) Key issues identified. This case was difficult for the champion group to review and prompted significant tension between the professional contributors. Nevertheless, there was also significant consensus. First, it was generally agreed that inability of the services to help Tina were a result of failures in communication, policy and procedure. The group facilitator summarised the group's discussion as follows:

This has been our most difficult discussion so far. I don't know about you, but I feel very sad about Tina. It seems we all responded to her behaviour but it certainly has not made any difference to her today. She is still a very unhappy and damaged child. I feel we have just got to do better than this in the future. I would call it a failure. At least we are talking about it all.

(Group facilitator)

Figure 8 is a diagram of the relationships for the case as agreed upon by the group.

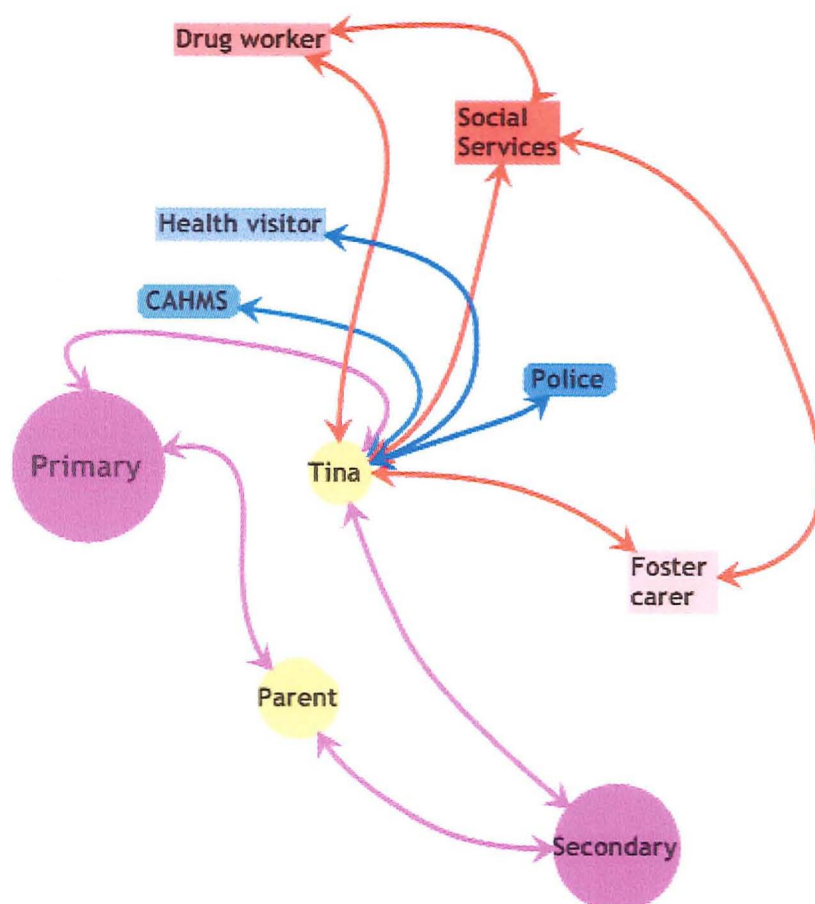


Figure 8. Diagram of group visualisation of the complex case

On this case, any one time, 12 professionals – ranging from the health visitor concerned about physical health to the police officers processing shoplifting arrests – were actively working with the child. The diagram clearly illustrates that the relationships between the child and the professionals failed to translate into any liaison or dialogue between the social service professionals and the schools or between the schools themselves. Moreover, the foster worker operated in isolation from the teachers, and the parent featured not at all in concerns about the child.

The following key issues in particular were identified by the group.

- (a) **Communication.** Lack of sufficient communication between the professionals was again seen as a significant issue. The schools involved, both primary and secondary, were unsure of possible actions to assist the mother and Tina, no transitional planning was done

between the schools, and no advance information was given to the secondary school. Indeed, the social services department seemed dismissive of schools' role and disagreed with their views on possible solutions. Moreover, no effective dialogue occurred between the schools and other supporting agencies like the health visitor and CAMHS services. Similarly, no dialogue took place between the police, dealing with the shoplifting concerns, and the case social worker. Nor was there any liaison between the drug worker and the school or the CAHMS service.

(b) Policy. Agencies apparently lacked policies to deal with the needs identified for Tina. The CAHMS service could not help until Tina was 'settled', social services could only provide a temporary foster care placement, the school could provide no support to Tina or her mother, the drug worker could only offer counselling, and the police treated the shoplifting incidents as minor issues and did not think it was important to involve other agencies.

(c) Procedural concerns. Serious concerns were identified about the application of the statutory guidelines. The placement of Tina on the child protection register and her removal from it after only three months shocked the group. More generally, there appeared to be no logic in the way the case had been reviewed and consulted on within the professional agencies.

(iv) Proposals for change. By the time the group had analysed this complex case file, they made a conscious effort to explore how to integrate professional work successfully. They concluded that the need for pilot studies, and the testing of inter-professional work in and around the school setting, were essential. Even though there was no questioning of the need for joint work, the importance of better professional relationships, organisational solutions involving the school, and changes to professional practice became recurring themes.

3. Analysis of the champion group discussions

The literature review generated assumptions and propositions for testing what occurs in inter-professional collaboration. As explained in earlier chapters, the methodology for this research was designed particularly to address the significance of a number of specific issues identified in the literature. There are twelve areas for this review: (a) the professional's role; (b) structural characteristics; (c) personal characteristics; (d) organisational history; (e) the management of collaboration and merger; (f) attitude towards prescription; (g) attitude to participation and influence sharing; (h) approach to interdependence; (i) the significance of newly created professional activity; (j) flexibility; (k) collective ownership of goals and (l) reflection on the process of professional interaction.

All transcripts of the champion group discussions were analysed and coded using the *NVivo* software to identify common themes related to the issues identified in the literature.

(a) The professional's role

Rushmer and Pallis (2002) pinpointed the significance of criteria for measuring the degree of professional engagement in collaboration by examining the outcomes of interactive casework. Specifically, they looked at soft issues like 'respectful and acceptable work relationships', process issues like 'sustainable work relationships', and hard outcomes like 'less duplication permitting increased productivity', all of which were evident during the group case file discussions. Kane (1975) and Lee and Williams (1994) particularly emphasised the 'primacy of opinion' in inter-professional work that was certainly an issue in the group discussions. Nevertheless, the group functioned positively (Watson et al., 1993) with no noticeable tension (Waugaman, 1994) in the discussions about the role of different professionals. Even so, the importance of the professional's role in the minds of the group members was clear, as the following direct quotations show:

We each need a fair knowledge of each other's disciplines.....knowing how other agencies make their decisions could lead to improvements in communication.

(Head teacher)

If all agencies, including head teachers, are kept informed everyone will be working for the good of the child.

(Head teacher)

EWOs [education welfare officers] already liaise with social services and health as required. However, there are legal issues to overcome when a case gets to the court stage.

(Social services manager)

Yet beneath the veneer of the overtly respectful discussion, the 'significant messages' identified by Abramson (1990) – 'knowing how other agencies make their decision'; whether 'all agencies are kept informed'; the presence of 'legal issues to be overcome' – underscore the importance of discussing 'the particular reasons for the intervention' (Challis, 1988, p. 146):

All of our actions should be aimed at helping the child. We need to determine measures of success – for example what is the reduction in the number of children on the child protection register, reduction in fixed term and permanent exclusions, reduction in the number of statements, reduction in the number of lost school days and reduction in the number of children going into council care.

(Social services manager)

Typical of the soft criteria of collaborative working cited by Rushmer and Pallis (2002), these examples all demonstrate that, even with collaboration (let alone the integration dictated by the statutory changes), there are weaknesses in professional relationships. Specifically, the issues of lead role and primacy of opinion have yet to be addressed, and any discussions that do occur seem inexplicit. Here, attention should be drawn to the qualitative analysis that uses Bronstein's index to verify the professional opinions arising in the collaborative inquiry. These findings indicate that, as found by Billups (1987) and Mattessich and Monsey (1992), the profession's *values* and the

employing agencies' *culture*, defined by the researchers as structural characteristics, were key issues.

(b) Structural characteristics

From the group's very first meeting (see Appendix 6 for thoughts on better working practices), the methods of case handling were seen as key to better inter-professional working. The schools understood the process of child protection undertaken by the social services department and health service but resented the lack of their involvement in the decision-making process. These concerns emerged early and clearly in the collaborative inquiry, especially regarding the lack of effective communication between the school and the social services department:

Communication is key. Where multi-agency team meetings take place (e.g. in special schools) they make a qualitative life difference. I do not understand why this cannot be possible.

(Primary head teacher)

A team dedicated to working with schools directly, will mean that these children will be a priority for that team and will not come second place to other work commitments.

(Secondary head teacher)

Hord (1986) argued that the way in which decisions are taken in multi-disciplinary casework is essential to the outcome. Here, schools obviously feel isolated from the process: the comments that 'communication is the key', 'multi-agency team meetings...make a qualitative life difference', as well as the recognised outcome of 'a team dedicated to working with schools directly', suggest a lack of authentic participation (Finucane et al., 2002) in the current process of decision making. Argyris (1993) suggested that such superficial involvement usually leads to scepticism and frustration. In the files reviewed by the champion group, there was clear evidence of uncertainty in the participation relationship between the education professional and the social services practitioner. Two further quotations call into question the methods of handling cases that Hughes et al. (1973) noted as critical:

The need for parenting classes is obvious, we know you do them elsewhere and we are aware of the work of Sure Start in this area.⁵

(Primary class teacher)

I think we acknowledge the schools' responsibilities for child protection, but there is a big requirement for preventative advice in this area.

(Secondary head teacher)

The assertion on the obvious 'need for parenting classes' and the acknowledgement 'of the schools' responsibilities' point to underlying concerns about how professionally acceptable the casework was to the head teachers (Kemp, 1988) and raise clear challenges on this issue. Other techniques of intervention, not adopted by other professionals in the cases discussed, were identified as professional omissions (Gulick and Urwick, 1937) that could not be condoned by the head teachers. Similarly, the recognition that 'there is a big requirement for...' suggests a deep sense of frustration with the way cases are being handled.

(c) Personal characteristics

Abramson and Mizrahi (1998) identified the importance of the personality traits of casework participants, suggesting that the interpersonal trust between professionals is a powerful influence in the effectiveness of the outcome for clients of the services. As the transcripts show, the champion group worked well together in group meetings, but their comments during group work conceal important personal characteristics. For example, there is recognition of the 'need to negotiate a new system of social relations' (Lawson, 2004 p. 233), which demonstrates that the present pattern of collaborative working is not acceptable to all the professionals involved. Examples from the champion group case discussions show the effect of this on the relationship between the

⁵ The Sure Start programme was introduced by government in 2000 'to deliver the best start in life for every child' (<http://www.surestart.gov.U.K.>).

schools and the health workers, either in the community trust⁶ or in the specialist services.⁷

Heads are not experts in health, emotional problems, etc, and often require *immediate* help to alleviate daily crisis situations.

(Primary head teacher)

I think this shows the need to work together and share information for the good of the child. This requires *trust* across professional barriers and links to confidentiality issues.

(Secondary head teacher)

Another implicit challenge concerns the health service contribution and style of working: 'Heads...often require *immediate* help' and 'this requires *trust* across professional barriers' exemplify the underlying frustration with the lack of case involvement and participation felt by schools. Bertelli and Lynn (2004) identified this as the need 'to bargain at the micro level for administrative rules and favourable policy making' (p. 302). Thus, the bargaining noted in the champion group discussions takes the form of both an expression of need and an offer of response (Shrader, 2001).

We need a continuity of support, and we lack of knowledge about who to ask, or what to do in certain situations.

(Primary head teacher)

Learning mentors, currently employed within the excellence cluster are now having to take on extended roles outside their area of expertise. For example, I am very worried about the work we now do in double guessing the mental health worker.

(Secondary head teacher)

The statement that 'we need a continuity of support' and 'I am very worried ...in double guessing the ...mental health worker' are both expressions of anxiety (Oliver, 1992), and conflict barriers to teamwork (McCallin, 2002).

⁶ Bexley now has an NHS Care Trust to operate all the links with community-based health services and GPs. Mental health services are run by a specialist mental health trust.

⁷ The specialist services mentioned here are the Child and Adolescent Mental Health Services (CAHMS), operated by the Oxleas NHS Trust.

Yet it is interesting that the same tensions occurring between the school-based group participants and the social workers also appear in the schools' relationships with health practitioners. Schools feel isolated from the practical steps being taken in the casework and unable to influence them. According to Bronstein (1999), who cited the significance of organisational history, understanding these patterns of professional affiliation is vital.

(d) Significance of organisational history

Even though issues of organisational history are clearly important, Lonsdale et al. (1980) pointed to both the advantages and disadvantages of such history. For example, organisations can become used to certain ways of working and also take these routines for granted. The issues in Bexley between schools and social services professionals and schools and health professionals may, in part, be explained by organisational history. Joint services between the NHS and the Council, which affect the social services department, have been in evidence since the late 1980s, a collaboration of which schools have not been a part. Whereas this fact translated into a strong group assertion that schools needed to play a fuller part, consensus on how to accomplish this did not come easily:

I am very concerned that we don't have all the views of school heads here to plan the future...some of us may only have one end of the stick.

(Primary head teacher)

Could we not go forward towards the next meeting at least with this group as it is and heads – either representatives or all of them - choose who they want to come because otherwise you could end up with the communication failure problem, where some people are hearing things and some people are missing it. You'll be able to make decisions and make progress. I think, in the short term, we really need to see how we develop.

(Group facilitator)

One concern in group discussions on ownership of professional values was apparent. Schools felt they had been left out of the decision-making cycle for too long. By implication, the group is suggesting the need for more effective integration and merger, concepts that Attwood et al. (2003) and Bronstein (2002) have argued are particularly significant.

(e) Management of integration and merger

Taking the initiative in the design of the new system of integrated working was also clearly important for the school-based professionals. Concern that the school community be included in the process and comprehensive involvement became a repetitive theme:

Surely we should involve more of the schools in all of this?

(Head teacher)

One thing struck me as people were talking. I can see that the main group shouldn't be too large, but if you have a sub-group for teachers, lets say, and another sub-group of head teachers feeding into the main group, the strength of what we are doing may be lost. Is the fact that we're all involved in the discussion more important? It isn't the same to feed into and then have fed back to, it isn't the same at all. So I can see the problem with the group being too large, but I can see dangers of doing the opposite.

(Senior social services manager)

This text resonates with the views of Bronstein (2002) and Attwood et al. (2003) on effective integration and merger. Yet the champion group discussion in this first reflexive cycle is still not confident enough with its own interaction and methods of working to produce suggestions for further dissemination.

(f) Attitude towards prescription

The CAF set out by the government (DfES, 2005e) provides a basis for evaluating the individual case files reviewed by the champion group. It also brought to light the possible implications of prescriptive systems and processes:

I think for myself, as a service provider, the learning I've got from this group is that I really need to throw everything out of the window in terms of timetabling and allocations and start again, you know, to feed the needs of the group. Because I think so passionately about the multi-agency working, you know it's something I'm prepared to do. Whether if somebody told me to do it, it would've been quite so enthusiastic, you know, the fact is it's the learning again isn't it and you then realise a better understanding of the needs.

(Social work practitioner)

The framework [CAF] is all very well but referrals will only be made if schools are unable to deal with the problems within available resources. Head teachers do not see the team as a means of taking some of the workload 'off' head teachers; heads will still be involved in all the meetings. Also at times a call to the team may result in advice being given rather than a referral.

(Primary head teacher)

The champion group discussion treated prescriptive advice as though it were something external to the group, although they did not resent it as devoid of professional legitimacy. Nevertheless, the prescriptive guidance was not 'informed prescription' in Fullan's (2003) terms. That is, the guidance did not have the concurrence of the professional practitioners but rather was seen as a target to meet or framework to follow that was not of their own design. This attitude exemplifies how prescription of professional practice has failed to engage the professional (Fullan, 2003). This reaction to the CAF process also resonates with Finucane's (2002) view that, if the method is to be accepted by the professional, 'a vision of what is needed has to start the process' (p. 962).

(g) Attitude to participation and influence sharing

Empson's analysis of the importance of professional 'fear' of the 'contamination' of their work by other professionals (2000, p. 43) highlighted the significance of active participation and influence sharing in the design of change. Readily evident, even at an early stage of the group's work, was a passion for change to integrated services, to benefit the child:

What I thought was really interesting was that I think people are really fired up by this and you'll soon be able to say hopefully

that you all think that's good. Because it's really interesting and it does get you fired up into thinking yes you want to be more involved.

(Social services manager)

The phrase 'fired up', used here to describe the opportunity to make a difference, appears frequently in the discussion transcripts. This repetition fits well with the view in the literature that professionals must have a strong desire for the change if they are to make the effort to co-operate in a way that challenges their own professionalism. Also seen as essential is active participation by a significant proportion of the professional community:

I think part of the issue here is we started to form right at the beginning we said we needed different areas of schools involved. It didn't happen quickly enough for whatever the reason and I feel that we should expand by at least three schools.

(Secondary head teacher)

This text reflects Empson's (2000) point on the 'prestige of influence in organisational merger' (p. 43). Professionals are concerned about being seen to take a role that may not be legitimate in the eyes of their peers. The way to overcome that problem would be to widen the pool of involvement and enable others to become active participants. Even though not readily apparent in the case discussions, this issue appeared to be of significant concern to the champion group members.

(h) Approach to interdependence

The *need* for extensive and effective interdependent working seems to have been fully accepted by the respondents. Nevertheless, it is equally true that such interdependent working was little in evidence, particularly in the schools:

We need to make links and to trust each other, and we need a good working relationship with neighbouring schools. We have to work together as the kids from the same families can attend the different schools.

(Primary head teacher)

We need better transition protocols, as the care of young people who are seventeen years old are transferred from the social services team to the adult team, and the services available to them and their families are greatly reduced.

(Secondary head teacher)

Tope (who completed the separate interviews with team members to triangulate the data), commented that 'several people acknowledged that there have been instances where their communication with another profession could have been better' (2005, p.10). Also cited in the interviews as a factor in the breakdown of communication between professionals was a lack of knowledge and understanding of other people's roles. In one instance, for example, a respondent commented, 'I had assumed my colleague had the same knowledge, but it was not until after I had started discussing the case that I realised we were not on the same wavelength, and did not have the same knowledge base'.

Even though respondents accepted the need for better understanding and co-operative professional work, practicality often prevented it. For example, the heads of schools remarked that the outcome for children often failed to meet the expectation of government targets: 'We have to prioritise referrals and watch children with genuine needs go without help'. This failure was accentuated by the lack of protocols to deal with particular situations; for instance, when the school had to protect a vulnerable child while social services were requesting a court order.

The professionals in all areas also accepted that they withheld information from others, citing as the primary reason what one respondent termed the 'nebulous guidelines surrounding confidentiality'. This problem was blamed most often for the breakdown in communication and relationships with professions. Although it was accepted that people were working within their professions and not being obstructive, such situations were often described as 'frustrating':

It seems that where there is a good relationship between individuals, more information is shared and when information is requested face to face, as opposed to 'over the phone' when they can't confirm who is speaking. They will give information as long as you are not treading on child protection.

(Secondary head teacher)

A further key reason for the absence of interdependent working was perception of the professional role: 'Individuals are not willing to do things that are not considered as part of their role and presume it is the role of others'. Similarly,

We are like the client because it is us asking for help for the child...we feel as though we're being 'done to' and our own professional views are not being valued...our own personal experience does not count...our own professional experience and opinion doesn't count.

(Primary head teacher)

This respondent also gave an example of a child in a nursery who cried a lot, but not in the manner of children separated from a parent. She had referred the child to the special educational needs team for assessment:

Within half an hour to an hour, a professional said there were no problems evident and suggest that the child was still settling in...this was insulting...I know what is normal. I had thought I have spotted one here and asked for help but I was told to just wait and see...just monitor the child.

(Primary head teacher)

Teachers cited numerous examples of referring children for whom no action was taken until the child was older. Then, in their view, it was normally too late for preventative measures and the child needed treatment. One commented, 'I knew from the word go there was a problem with the child but it was two years before he was statemented...if only somebody listened to the school when the child was five'.

To some respondents, however, the concept of *inter-dependence* was not synonymous with *joint accountability*. For example, one respondent

suggested that 'health, social services, and education each has profession-specific knowledge and skills...CAHMS and the pupil referral unit are examples...they are experts in behaviour management'. Another respondent felt that 'health should be seen as a separate agency from education, and is there as an advocate for young people, for matters such as family planning, which is not a social services or education matter'. Another respondent commented that 'safeguarding and child protection should be profession specific...someone needs specifically to own it...someone needs to be accountable'.

Teacher respondents generally felt that more notice should be given to their views, as 'after all we are with the children day in and day out'. Another observed that 'if others do afford equal status to teachers, it is because they are with the children most of the time...school has a significant impact on children, but I'm not sure that this is always recognised'. Indeed, one teacher went further in doubting whether others valued their professional opinion: 'I think we're looked on equally, but when a decision needs to be made, the views of the expert are given greater weight'.

Even so, there was general agreement that the priority needs of the child must override the sensitivities of relinquishing professional autonomy. Referral to another agency 'tacitly acknowledges that another profession or professions are better able to meet such needs' (Aldgate and Statham, 2001 p. 126). In fact, some respondents thought that the care of a child with complex health needs should be co-ordinated by health professionals such as a paediatrician and children's nurses. However, some champion group members from different professions stated openly that they had different perceptions of the level of family involvement needed in the case, citing this as an example of different professional values. They also implied that their own profession adopts the best practice.

There was not only general agreement that the work of the champion group had greatly enhanced opportunities for effective discussions about integration but also significant consensus that this should be extended. As one respondent put it, 'it has not been discussed broadly enough yet.' Another

suggested that 'we are still in an embryonic state...we have not yet looked at where there is crossover or differences'. There was also a worry about the views of the operational professionals outside the safety of the champion group: 'The [champion] group is very willing, but we will have to sell to teams though...our enthusiasm will then spread to others. It will be OK'.

This series of responses makes clear that the present pattern of professional work would be low on the index of measurement suggested by Bronstein (2002). In fact, it would be difficult to judge the arrangements as 'effective collaboration' in the way she identifies. Moreover, it is particularly interesting that the comments from respondents differ to those in the champion group, in which professional interdependence was not described as an inhibiting influence.

(i) Significance of the concept of 'newly created professional activity'

Bronstein (2003) suggested that the *fact* of identifying some new opportunities for effective professional work is in itself a significant stimulant for integration. The champion group's consideration of the opportunities for integrated work with children would certainly fall into Bronstein's category 'initiated professional work to create change' (p. 113). Indeed, the majority of respondents reported that prior to formation of the champion group, they lacked the means to share information with their colleagues in other professions. Thus, despite frequent dialogue on individual cases of the type outlined above, there was no opportunity for creative thinking of the type now possible:

We are not sitting down implicitly discussing strategies to improve working relationships but we are talking about the child and how we can work together...we want a multi-disciplinary team, we want to see how it is going to improve things for children and at the same time we are building relationships.

(Primary head teacher)

Thus, respondents recognised that meeting other colleagues in the champion group undoubtedly benefited children. As one put it, 'in the beginning I was

jaded but can see now we can sort things out much earlier for the child', and 'it's giving the idea of the bigger picture for the child'. Some respondents also predicted that the integration of services would improve efficiency. Also indicated in the responses was the possibility for change in the organisational culture and the style of inter-professional work. One respondent commented, 'the positive changes in collaborative practice in Bexley are clear. It is a staid little borough but things are really happening now'. Indeed, thinking and working differently seem to be paying early dividends. One respondent gave an example of the innovative practice now possible: 'A really good development is the introduction of joint interviews with teachers and the education welfare service in attendance, where there are concerns about the child's attendance at school'. Another cited collaborative work with pupil referral units to prevent permanent exclusions.

This degree of recent professional collaborative opportunity and joint working is evidence of the success of the champion group's work, but it is also what Bronstein considered a critical component of the assessment of effective collaborative work. Specifically, new initiatives stimulate interest and enthusiasm.

(j) Flexibility

Bronstein identified the 'degree of flexibility' as the most significant feature in the inter-professional decision making of effective collaborative organisations. The study findings show the considerable present rigidity of processes and routines, and the seeming lack of genuine willingness to work in a flexible way in the interests of the child. For example, there was general consensus that competencies are profession specific: e.g. family planning was seen as the role of the health service. Nevertheless, psychologists and the educational psychology service were perceived as 'rigid' and 'opaque'. The individual interviews therefore identified a greater degree of concern for the professional's role and status than appeared in group discussion. Also seen as vital was a sense of fairness in the way professionals were engaged in the

discussions: as one respondent put it, 'it's all very well to talk about give and take, but we always seem to be doing the giving'.

Moreover, flexible attitudes towards professional primacy were not evident in the individual discussions. Several respondents commented on the importance of the lead role being clear. One social worker responded defensively: 'We just seem to be criticised in the group for having our views...but these are the things we were taught...and they are the things we have to do to meet our targets.'

On the other hand, the overriding sense of professional obligation to respond effectively to the needs of the child was a significant stimulus for more flexible professional attitudes. In this sense, the respondents scored highly on Bronstein's index. Their willingness to see the child as the paramount concern was greater than their professional worry about the personal impact of the changes implied by integrated working:

I know all this means that we will need to change our professional practice and work more effectively with other professionals even if we don't agree with their position. I feel obliged to say this, even though I am proud of what I do to protect children from harm.

(Social services team leader)

Therefore, in terms of the real challenge of integrated working, there is an observable difference between the publicly expressed attitudes of professionals in the group setting and those in the more individual discussions facilitated by the semi-structured interviews. Also evident is the great significance of professional primacy and professional obligation.

(k) Collective ownership of goals

The reaction of the champion group professionals to the collective ownership of inter-professional working was also illuminating. The presumption that simply setting down the processes or procedures to be followed could ensure adherence is clearly wrong. In fact, reliance on the prescription of professionalism through codification of professional practice was resented. As

one respondent commented, 'we always use the inter-agency forms prior to the case conferences and everyone has the right to say what they think'. Nevertheless, this presumption was challenged by another respondent who commented, 'we tend to leave it to social services when we shouldn't. It is a joint accountability but you wouldn't think so'.

This issue caused tension, particularly between social services and education professionals:

Sometimes we don't have the knowledge we need... social services rang the other day to alert the school that a child was vulnerable [but] they did not say why... we are told [, however,] about medical referrals and what the problem is such as asthma, epilepsy, diabetes if it could affect the child at school'. A further example involves the transfer of children between schools. One child is settling in OK but when their records from the previous school arrived they indicated that social services have been involved with the child before. However, the head teacher in the new school has not got a clue what the problem is, or has been, and therefore does not know what to look for.

(Primary head teacher)

Another respondent remarked that obtaining the information needed from social services 'is like getting blood out of a stone'. This reaction to the control of information was also recorded from a number of other respondents who commented that 'they only share information on a need-to-know basis'. Moreover, this need to know could be based on misunderstanding or ignorance about the role of other professionals:

There are a lot of inter-professional disagreements, a lot of which would stop once everyone is aware of others' roles and the legislative framework they have to work within... we often forget that.

(Social work team leader)

If we knew that [other] people's roles, responsibilities and restrictions it would help us understand where they're coming from... we sometimes expect action immediately, but there may be unrealistic expectations through lack of knowledge regarding roles.

(Educational psychologist)

Also at issue was the acceptability of an alternative view:

I would like to hand over numerous issues and problems to other professionals but I can't do this. The school deals with a lot of issues that are not related to teaching and learning. The local authority is to blame as they are responsible for contracting.

(Primary head teacher)

Nevertheless, the need to develop common values and goals was readily recognised:

Inter-professional, interagency work does not require a dilution of profession specific competencies. Rather its success depends on all team players recognising that there are shared core competencies which underpin the practice of every profession such as communication skills, ethics, law and practice, which no profession owns exclusively.

(Deputy director of education)

The majority of respondents identified 'concern for the child' as the motivating influence on the need to secure common consensus. There was general agreement that the needs of the child must override the sensitivities involved in relinquishing professional autonomy. This general consensus was illustrated by the following response, which sets the scene for recognising the importance of collective ownership in the group:

From everyone's perspective, including a child and their family, a key indicator for success is that everyone knows, not only who is taking lead responsibility, but that they also invest their trust in that individual who in turn must be accountable for ensuring that all those who need to know are kept in the communication loop. It is confusing for everyone, most specifically family members if they feel that they have to contact numerous people to share new information about their child, particularly if a child has complex and ongoing needs.

(Secondary head teacher)

In terms of Bronstein's analysis of effective professional collaboration, this part of the analysis identifies two issues. First, the participating professionals' individual views are different from their group claims that they share a

common purpose. Secondly, simply codifying actions in procedural statements is not effective – professional ownership of a task is more complex.

(I) Reflection on the process of professional interaction

Bronstein (1993) expressed concern that the way different professionals accept and use the system(s) of collaborative working should be reviewed, in part because it provides the right information to each professional in the process of case assessment. In addition, as Attwood (2003) emphasised, such review highlights the importance of the process being acceptable to each professional:

There is a need, for example, when problems are encountered, to differentiate clearly between interpersonal conflict or a poor individual performance, and those which arise from inter-professional conflict.

(Social work team manager)

At this point, participants provided several examples of situations in which professional communication could have been improved. Primarily, poor or absent communication was frequently attributed to inter-personal conflict or the perceived inability of an individual from another profession to deliver what was required of them. As one respondent put it, ‘the service you get depends very much on the individual... one social worker drives me to distraction; she can’t think outside the box’. Nevertheless, other members from the same profession drew admiration: ‘one is awful, the other is brilliant’.

5. Summary of the key findings.

Given the broad body of literature on professional collaboration and integration (particularly, the work of Bronstein) used by this study to identify the most significant inter-professional issues facing professionals involved in child protection, what do the professional views expressed in the group and individually suggest?

A review of the comments suggests that *professional primacy* is critical to the success of joint work. Professionals may talk together about their common purpose, but individually their status and role in decision making is important to professional ownership. Additionally, the setting down of procedures and codification of professional practice is not, in itself, sufficient to overcome the anxiety about leadership in joint work. For the educationalists responsible for children every day, the only way forward is to see the *school as pivotal* to both the organisation and appropriate professional interaction.

Moreover, when discussing new methods of joint work, professionals are influenced by a strong sense of *professional obligation*. Even if they have strongly held convictions about the particular skills and contributions possible from different professionals, it is their overriding sense of obligation to the child and parent that is the most significant motivating influence.

It is also possible from the analysis to begin discerning certain thematic elements in the discussion and planning of change. Overall, respondents identify with the *need for effective joint working* and view *professional relationships* between them as critical. They also believe that *organisational changes* – particularly the pivotal role of the school – and *changes to professional practice* are necessary if the new ways of working are to be successful. Moreover, in the group discussions following completion of the semi-structured individual interviews, whose impetus was on planning for change, the arguments and proposals of the group follow an identifiable pattern, detailed in part two below.

6. Triangulation of the data

a. Qualitative analysis using semi- structured interviews

Nevertheless, it remains to be asked whether this analysis of statements made in the group setting, and by individual group members, really enables an understanding of what issues are really important to the different professionals. Specifically, did individual responses, obtained through the independent semi-structured interviews, paint a different picture?

This research methodology recognised that the views and statements of the champion group and analytical team participants may not generalise to professionals outside the group itself. Therefore, a further study using qualitative interviews was conducted during the process of the three case history discussions described above. Each of the 19 members of the champion group was interviewed by independent researchers (Tope and Thomas, 2005) using the semi-structured interview format set out in Chapter 3 and Appendix 2. Tope and Thomas reported positive responses to this approach:

All the respondents interviewed feel they can disagree, to some extent, with colleagues within their own profession as well as those from other professions 'even if it is unpopular'. Interprofessional communication is described as 'good and open' with some attributing this to the 'champion group'. Within the group [it is] very easy now, structures are in place [and] nothing should be seen as a personal attack.

(p. 2)

Although there were clearly additional emphases placed on the importance of certain issues – particularly the status of the head teachers in the decision making during casework – during the individual discussions, there was no significant difference of view on the critical areas of analysis. From this data I took the view that the findings from the group discussions were valid descriptions of the views of the professional participants.

b. focus groups

Similarly the focus groups also reflected the findings from the data produced by the champion group. There were two separate focus group discussion which I facilitated myself. One was a group of other professional managers involved in children's services in Bexley. The second was a group of paid professionals working in voluntary organisations in the Borough, coordinated by the voluntary services council.

Both groups were strongly supportive of the concept of integrated working and concerned to realise quick progress in the implementation of it. The professional issues facing the individual participants in such an integrated service, such as the concern for *professional primacy* and *lead roles* did not feature in discussion. The paramount concern for the needs of vulnerable children was strongly evident, and the willingness to seek a local solution to the difficulties of implementation was also obviously important.

Triangulation of the data did not suggest that central themes identified in the champion group discussions were inappropriate.

PART TWO: THE CHAMPION GROUP'S MODEL FOR REFLEXIVE ANALYSIS AND ACTION

Analysis of the respondent data for the cases reviewed identified four themes: joint working, professional relationships, organisational issues, and professional practice issues. Interestingly, the groups easily accepted these themes and developed a corresponding model to assist the group in reflexive review and decisions.

Group discussions could be described as a continuum at the beginning of which the benefits of, and ambitions for, joint working became clear. The cases identified for evaluation prompted an early realisation of the weaknesses of the present systems of autonomous decision making and individual case management. As a result, professional relationships were judged as the key to empowering more effective linkages between professional groups and alteration of professional practice to facilitate change. Each case discussion followed the same pattern: evaluation and provisional design of a new integrated service plus a cycle of review and discussion, repeated for each case file, to provide a framework for group assessment and commentary. For each case file, visual metaphors were used to summarise this cycle of reflexive discussion.

This analytical method of collaborative inquiry – established through reflexive discussion of the data and agreement that it could be labelled a 'change trigger' or 'professional or organisational option' – enabled simultaneous completion of two essential processes: agreement on the 'problem' and consensus on the 'solution' (Figure 9 is a diagram of the model developed by the groups [champion and analytical] in this way).

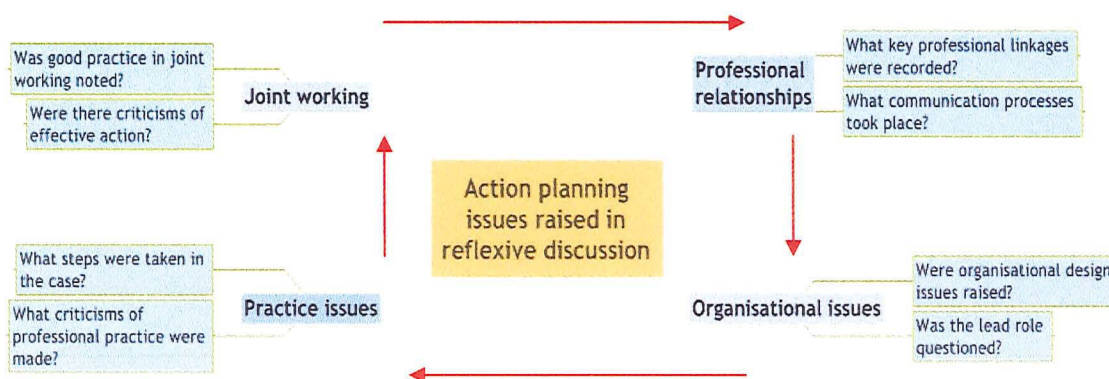


Figure 9. Diagram of model developed to utilise the collaborative inquiry technique

An important finding of this research therefore relates to one major challenge from the literature: the use of collaborative inquiry as a tool or technique that, in this case study, enabled group evaluation of inter-professional work and consensus on a way forward. Specifically, whereas evidence exists that integrating services is a desirable and attainable ideal, the way to achieve such integration in professional forums has been neither tested nor proven. For example, Leutz (1999), in a study on the difficulties of integrating medical and social services, identified five laws to stimulate debate (p. 43). Most particularly, he recognised the need to appreciate the professional concerns but was unable to identify a technique for overcoming them:

...asking professionals and managers to integrate their services – or even simply to cooperate – not only creates cost, but also requires them to expand their knowledge, perspectives and interests. My job as a manager, provider or professional is much simpler if all I need to worry about is my own service. The more special groups and procedures I must work with, the more I need to learn and to accommodate. Even if I appreciate the potential for integration to improve the quality of my service or to create savings to the system and the service user, I may nevertheless still have a sense that my job is being fragmented.

(p. 92)

His view that professionals must expand their knowledge and learn to accommodate other professionals, gives weight to the view that prescription of professional practice is less likely than alternative methods to be effective.

Other governmental guidance also acknowledges this difficulty but does not provide a solution:

Even the word 'integration' needs to be handled with caution, because different professionals habitually use it in different ways, and it is likely, too, that the same people may come to use it differently over time. Don't be afraid to challenge colleagues about what they mean by integration: openness will help. To arrive at a 'common language' would be a significant achievement.

(Thistlethwaite, 2004, p. 12)

In this excerpt from government literature, even achieving a common language is seen as an achievement in itself. This discussion now examines the data for each of the three primary case studies for an in-depth assessment of how the agreed model was used to identify the steps needed to integrate different professional contributions for the benefit of service users.

(a) The modest case

The first of the three individual case files in the collaboration study was the modest case of Peter, aged 9, with signs of parental neglect. For this case, the ambition to develop effective joint work was clear from the outset of the discussion. Questioning why actions and decisions were not taken clarified the group objective that such actions should have been initiated. In some respects, this failure was so obvious that it raised pejorative judgements:

It seems clear that a case conference should have been arranged and we should have been involved at the outset.

(Primary class teacher)

As SENCOs, we have so much to offer in this case, yet we don't seem to have been involved at all?

(Special educational needs advisor)

Such assertions question the effectiveness of professional relationships on both a personal and an organisational level:

Why did the case social worker consider that we had nothing to contribute from the school? It is obvious that we had all the problems and none of the possible solutions.

(Primary head teacher)

Even at this early stage in the work of the champion team, the *pivotal role of the school* is seen as essential but bewilderingly absent:

We must ask what more could have been done by the school itself? I just know that if we had been more aware we would have been anxious to make a difference.

(Primary head teacher)

Based on the above pattern of discussion, the analytical team was able to capture the essence of the discussions in a visual metaphor (using the *MindMap* software), which was then presented to the group at its next meeting for confirmation of group conclusions.

The ambition and clear need for joint working led to group questioning about why existing professional relationships had not been used to overcome the practical difficulties, which in turn prompted discussion about organisational issues. In particular, it was asked how the school itself could and should be more involved and influential in case work with children. Lack of school supervision and monitoring of professional work was seen as a clear omission, and the resources needed to respond to the issues raised were recognised as significant obstacles to progress. Moreover, discussion of the practice issues identified how methods of joint working could be enhanced. The importance of such case planning in the professional preparation for integration was first identified by Hagebak (1979), but Rushmer and Pallis (2002) later noted the importance of clear boundaries between the work of team members. The informed professional judgement discussed by Fullan (2003) is also obviously beginning to influence the development of professional consensus, which in turn engenders suggestions for better methods of joint working.

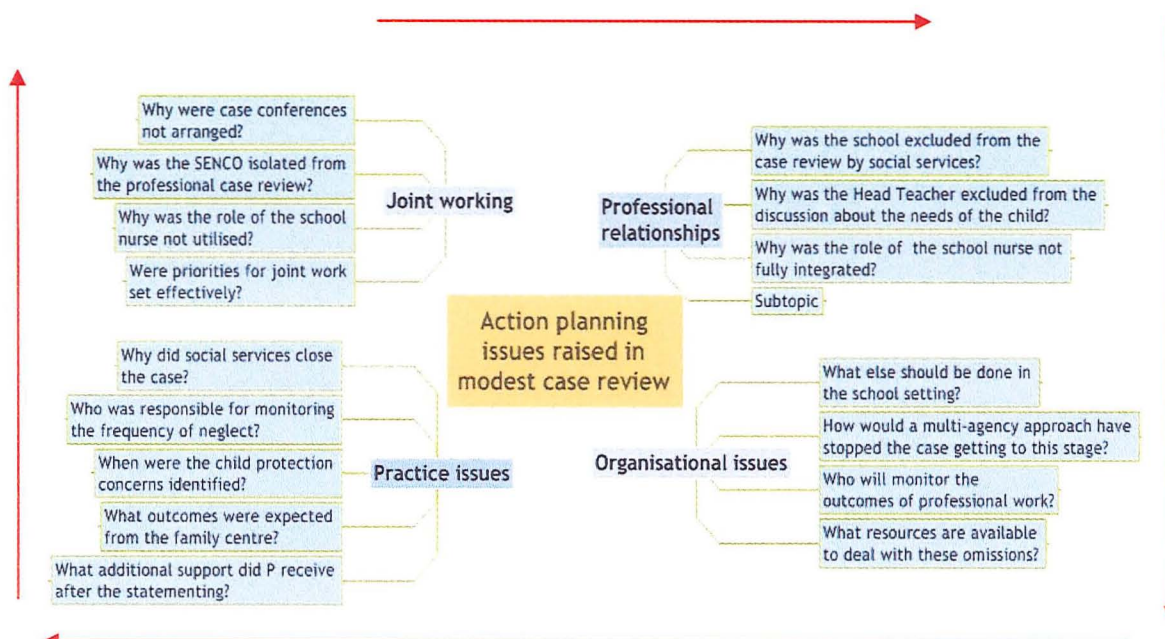


Figure 10. Diagram of group proposals generated using reflexive discussion: the modest case

(b) The significant case

The more involved significant case – that of James a boy of 11, with severe behavioural difficulties – provided further data in support of this analytical continuum. For this second example, the model from the first case (see Figure 10 above) provided a more structured agenda for discussion. As the group developed momentum in this collaboration case study, more assertive questions emerged on why joint working appeared inadequate. The professionals challenged the adequacy of professional relationships with their peers, stressing most particularly the additional advantage of working more closely with school practitioners and managers. Again, there were pejorative assertions that more could and should have been done to enable joint working.

We need to look carefully in this case too, about whether the school was properly involved in the case. I expect we will see the same problems again.

(Secondary head teacher)

I do not understand why the GP did not give more information to the case conference. It would have made a huge impact on the plan.

(Lead health advisor)

The concerns about why decisions were taken soon led to questions of how professional relationships could be better managed, as the group sought tangible ways to measure professional linkages, communication patterns, and responsibilities:

There are too many occasions when we could have communicated together better.

(Group facilitator)

It's clear that the multi-agency approach we all take for granted did not work here. It makes me sad and angry. Surely we can all do better than this?

(Primary head teacher)

Also evident is an acceptance of the school's crucial role in establishing effective working as good practice:

It is pretty clear that John's teacher probably was the best person to watch John's progress. It would have been really good to know whether his behaviour was any different in class.

(Social work team leader)

The group also began to formulate organisational options for greater school involvement in case supervision and the recording of casework data:

We need a way to ensure that the school can assess and record the changes in the child's welfare. For example, how often did John and his sister come to school looking dishevelled; why don't we have a proper record of this?

(Child care unit practice manager)

Practice issues for the professionals in the case also became more relevant and urgent in the group's discussions:

For a long time the foster carer was the parent. She always wanted to tell me what was going on, but I didn't think that was really my job.

(Primary head teacher)

These issues then became measurements of whether the required joint working was taking place in practice:

OK, it's pretty clear that we all agree the school should be involved. We need to see in future what the school did and how you can be linked in better. That should be a requirement.

(Group facilitator)

Thus, by the time the team begins to look at the more complex cases, the framework for the analysis has become clear, and the questions and discussions seem more directed at proposing a new way of working (see Figure 11 for an outline of the proposals for this case).

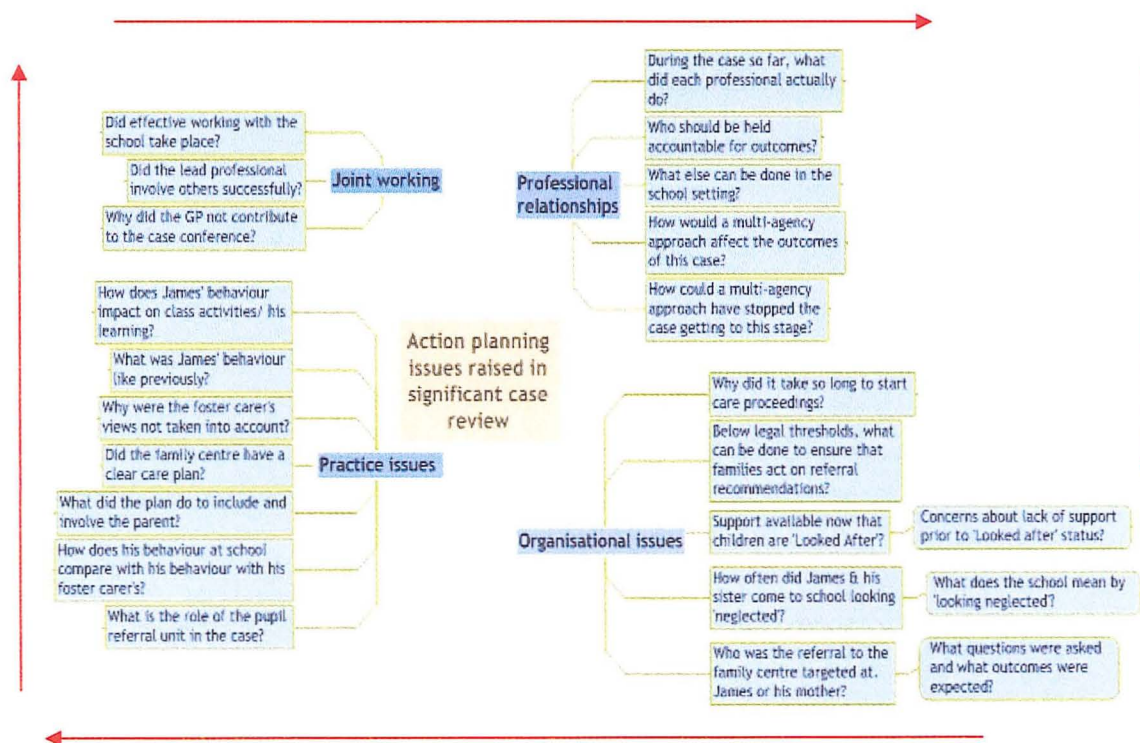


Figure 11. Diagram of group proposals generated using reflexive discussion: the significant case

(c) The complex case

The complex case example also illustrates the continuum of analytic group discussion, but the emphasis on outcomes is more focused and the issues more urgent. More effective joint working is seen as *required* rather than merely *desirable*. In addition, the discussions on professional relationships becomes more determined, and assertive organisational issues are identified more readily and with more consensus. The practice issues become more interdisciplinary in favour of more effective joint working.

The momentum for change in group discussion then gave rise to more questioning of how things could be changed and proposals for new ways of working:

We need a system to plan transition between the primary and secondary school that keeps everyone in the picture.

(Secondary head teacher)

The visual metaphor the group agreed on to represent this discussion (see Figure 12) was more assertive and more confident that the objective overview would be accepted. The task the group set itself was based on two queries: Were organisational design issues raised? Was the lead role questioned?

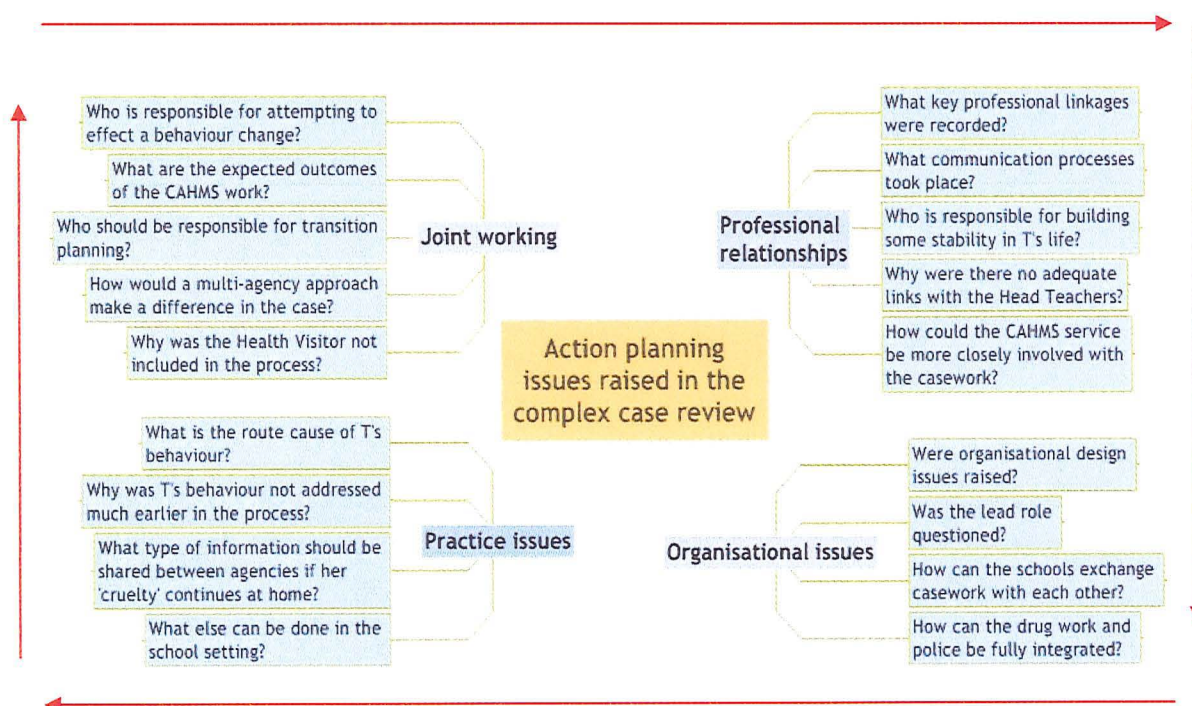


Figure 12. Diagram of group proposals generated using reflexive discussion: the complex case

The group also sought to clarify how a multi-agency approach might have made a difference to this case. The desire to put all this into practice was almost palpable:

We need to find out how all this can work in practice. I think we need to set up a team with the skills and the resources to get on with what we are saying

(Group facilitator)

Certain issues – for example, joint working, procedural changes, and better communication were recognised and accepted by all group members, while others – like ways of achieving effective co-operation, responsibility for the ultimate lead role, and the manner in which any new system of working would change the jobs of existing professionals – were more controversial and did not so readily engender consensus. Such lack of consensus made the problematic issues more easily identifiable.

PART THREE: TOWARDS INTEGRATED PROFESSIONAL WORKING

a. The framework for change

The analytical framework (the continuum based on joint working, professional relationships, organisational issues and practice issues) agreed upon by both champion group and analytical team, enabled the latter to provide a summary of the action that the champion group considered necessary. The qualitative analysis makes clear that, in their desire to create an integrated service, the champion group reached consensus on many proposals. Nevertheless, some discussion revealed a more complicated form of consensus. The researcher was able to identify which issues the champion group resolved with ease and which issues inhibited professional agreement, referred to by Alexander and Wynia (2003) as 'ready consensus' and 'complex consensus' issues (p.33).

Some key topics debated by the champion group – for example, the need to remove policy obstacles, for better communication, and for procedure changes – being neither complex nor controversial, received *ready* consensus. However issues related to lead role (agreed on as necessary), relative job function, and professional role were *complex* consensus issues about which there was clear professional disagreement and disquiet. One issue that emerged as fundamental was the proposed role of the school. The visual metaphor for the eventual compromise agreed on by both the champion group and analytical team is given in Figure 13.

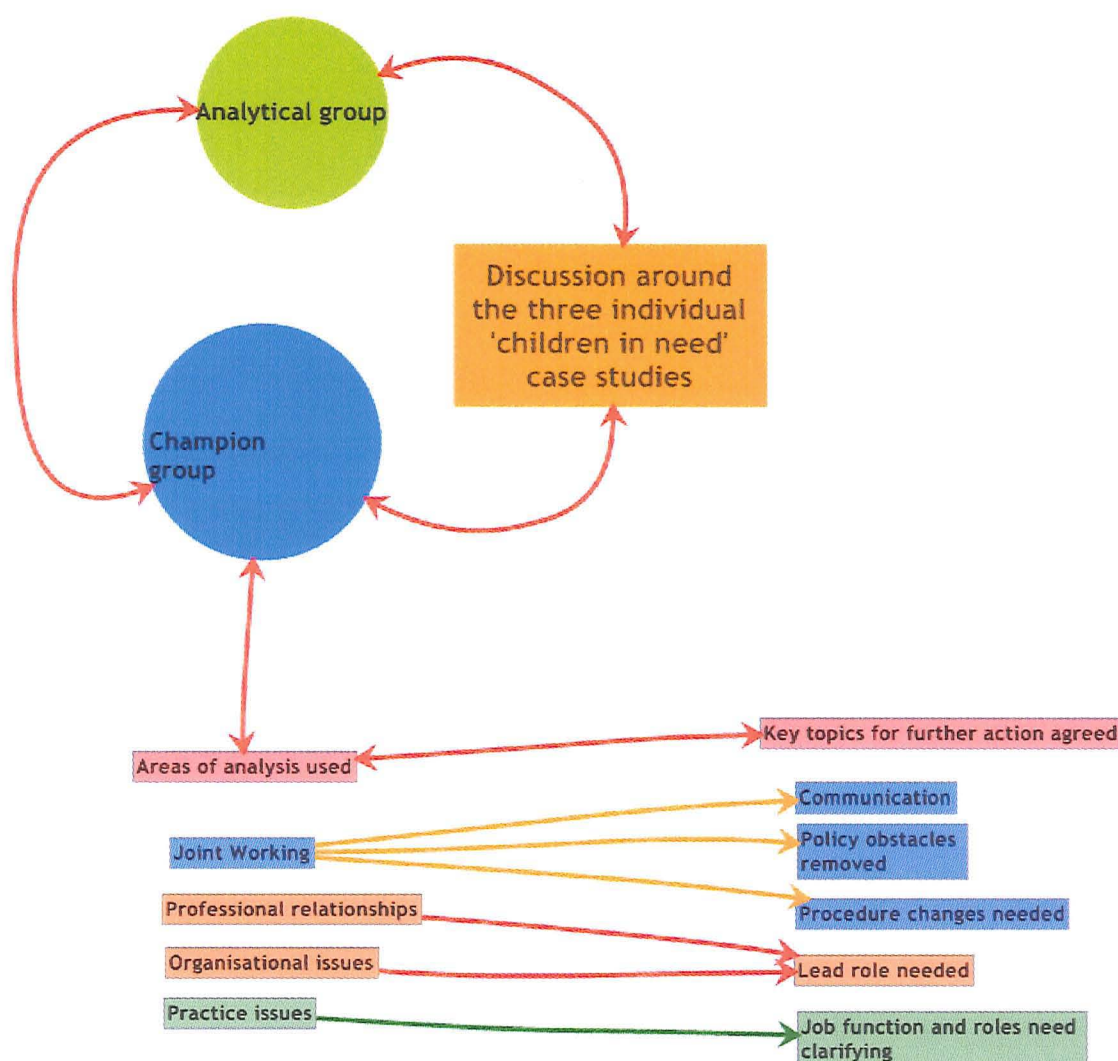


Figure 13. Diagram of the key topics for further action: champion and analytical groups

The complex consensus issues of *lead role* and *job function* were the critical motivators of the next stage in the collaborative inquiry – the design of methods of integrated working. As the champion group (prompted by the need to find solutions to the issues raised) eagerly sought to identify practical ways of moving forward with the agenda, group dynamics became assertive and urgent:

We can't keep identifying the problems without seeking to find some answers. This is about how we work together to do better. We need to find out how this can be done in practice.

(Deputy director and group facilitator)

The only way we will sell this to the schools in general is by showing how it can be done without affecting the quality of teaching – we need to prove what is possible.

(Primary head teacher)

In their discussion of the resolution of complex consensus issues, Alexander and Wynia (2003) identified the significance of *professional obligation* in the acceptability of 'change that affects a professional's status or standing' (p.55). They found that the sense of professional obligation was influenced by matters not directly related to the management problem itself. Therefore, achieving consensus in such situations 'is likely to include the need for improved knowledge, the view of professional institutions, legal standards and changing societal values' (p. 196). The status and standing of the head teachers in the group was affected by the strong feeling of isolation from the decisions and actions needed to support the child. Professional obligation thus took a moral high ground in the discussions, as the following dialogue between a head teacher and the group facilitator indicate:

I feel that the school is seen to be increasingly responsible for the problems by the parents, but we don't have the power to do anything about it other than to refer cases to the social services. Our main job is to educate the children. I feel the need to do something more than that and I dread the next meeting with the parents when I can say no more than last time.

(Primary head teacher)

Surely we are saying the same thing. We all want to do the best for the child. But although you say you feel responsible the fact is that it is the social worker who is responsible and in the cases we looked at we could see that the buck stopped with us.

(Group facilitator)

The influence of professional institutions undoubtedly had a bearing on the views of the teachers in the group. For example, the following comment about the effect of the Children Act makes reference to the National Union of Teachers' (NUT):

The NUT says we should protect the distinct role of schools and nurseries in educating children and that this must not be lost in the multitude of responsibilities that will be passed to schools by the Children Act. I think what we have done in our group will need a lot of explaining in schools.

(Primary class teacher)

b. The pivotal role of the school

Even so, a strong case was made for the supervision of casework within the school setting. The professional obligation to succeed, for the well-being of the child, seemingly outweighed the educationalists' concerns for the philosophy of education itself:

For too long we have struggled to respond to challenging children without the resources and support we need. For the well-being of the child we should control the necessary resources in the school.

(Secondary head teacher)

It makes much more sense to let us tackle the problems before they get too big. We have done a huge amount with the learning assistants in the school. What we need is more of that.

(Primary head teacher)

Why can't we organise all this support for bad behaviour actually in the school? If you (*referring to the social services department*) could come to us instead of us coming to you it would be much easier and simpler. I would then feel I could really do my job properly.

(Primary class teacher)

By July 2005, the champion group had made the decision to locate the intensive integrated professional work in the school community.

The group had also considered how this could be done when most schools in the Borough had not been directly involved in the work of the group and did not automatically consider their own accountability to implement the new Children Act. Put simply, the question arose whether the agenda set by the Children Act helps or hinders the school's ability to meet the expectations of parents and regulators for improved school standards and attainment:

We need to be clear what we are suggesting here. You have been talking as if exclusions of children will not happen if we all work together and the school is the place where we are all based. But you will have to do an awful lot more to control behaviour if this is going to work.

(Primary head teacher)

The need for a pilot to evaluate practical and professional issues in advance of generalised implementation was considered essential by the champion group. This gave rise to the concept of the *practitioner team*, a proposal to transfer resources – skilled workers – into the school to test whether integration of effort could work in practice. This practitioner group was chosen by the champion group to represent social services, school education workers, the school health service, and the education welfare service. The practitioner team included:

- A practice manager (a social worker and senior team leader from the Council's child protection service);
- A behaviour support worker (one of a team of professional support staff, already based in schools);
- An education welfare officer (from the Council's education department);
- A school health advisor (one of a team of professionals employed by the health authority to work with school based nurses);
- A team co-ordinator and administrative support worker (a worker previously based in social services).

A new visual metaphor for the relationships in the practitioner team was developed (see Figure 14) to signify the changes in the pattern of linkages between the school, as host institution, the child, and the parent. Interestingly, the practitioner team (like the other two groups) saw itself as an autonomous body with no reference to the statutory agency (e. g., the Council or local health service). In addition, it identified itself as the primary point of contact for the child, the parent, and the school.

The team design was based on an analysis of workload and case referral that took place in the schools over a period of two weeks. The champion group asked the head teachers in the group to assess the pattern of referral and

suggest the best professional mix for the practitioner team. Based on case work load they suggested:

- Social services, 35%;
- Behaviour support linked to the CAHMS service, 27%;
- Education welfare, 18.5%;
- Health, 17.5%
- Other – including the police and educational psychology service, 2%.

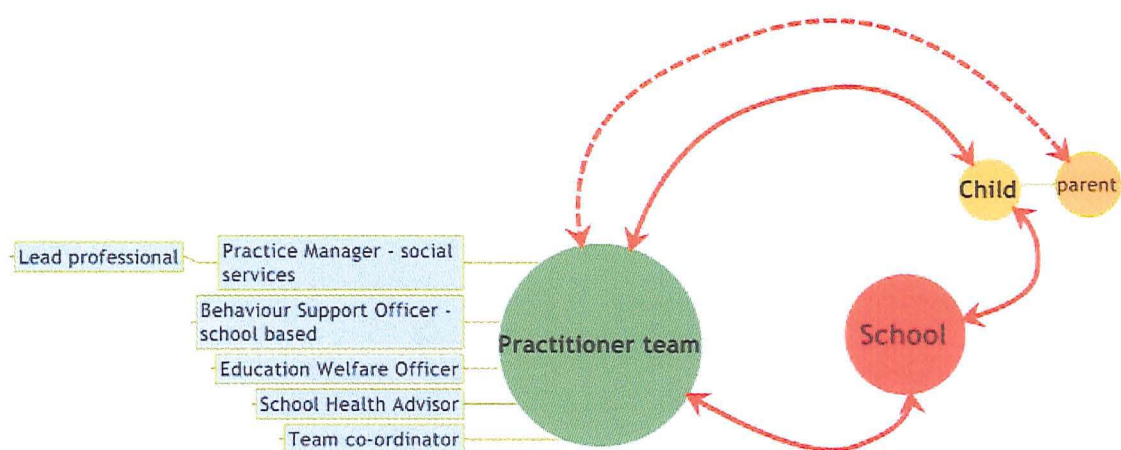


Figure 14. Visual metaphor for the practitioner team

At this point, three professional forums were at work – the champion group, the analytical team, and the newly created practitioner team. Figure 14 illustrates how the champion group defined this new inter-relationship.

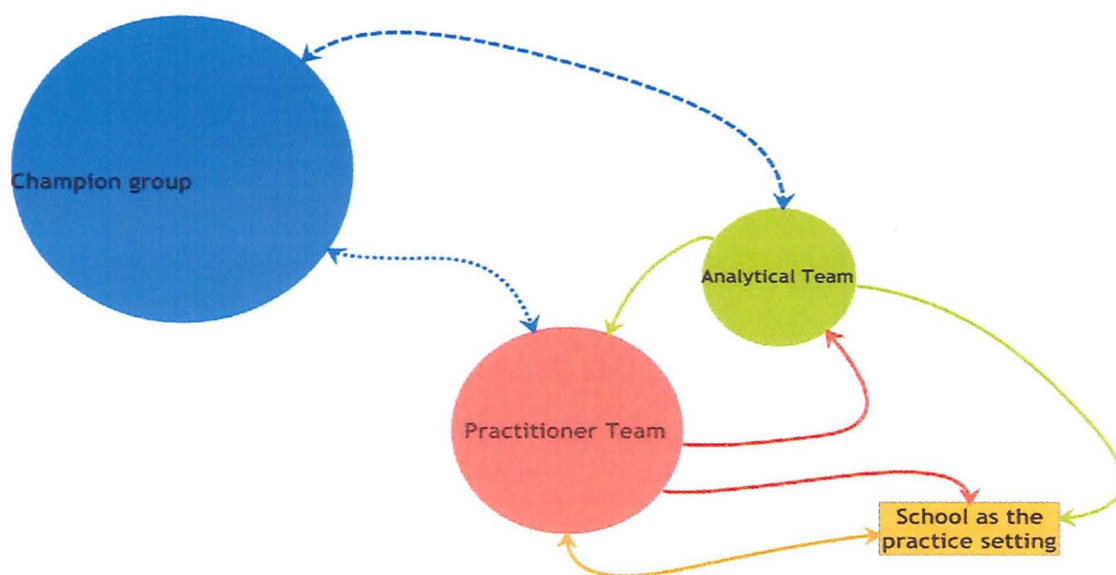


Figure 15. The visual metaphor for the changing relationships between groups and school

The work of the champion group is seen as supervisory, endowing the project with professional acceptability. The analytical team moves closer to the centre of planning and implementation of the work with the new practitioner team, and the school becomes the centre of that attention. Whereas the champion group maintains influence, the professional decision making is increasingly influenced by the analytical team and the host school. In addition, the lines of communication between the new practitioner team became stronger.

Following an initial intensive two-week period of training and induction in July 2005, all members of the team quickly began working together to produce immediately apparent outcomes:

- The new team expressed their commitment to the project;
- They valued the support that the pilot would be given;
- Each member of the team passionately believed their own profession should have the leading role;
- Team members had each come to the pilot with an open mind about the project and each other;
- They all felt knowledgeable in their own fields;
- They were each prepared to listen to and accept the others' views;

- They felt the make-up of the team would ensure detailed and constructive debates.

From the outset, the participants were aware of taking a completely new approach. They were aware that expectations needed to be managed, especially in the schools. For example, when discussing whether it was realistic to expect that cases be assessed and dealt with more quickly, the team felt there was no magic wand that could be offered to the schools.

We are not going to be able to wave a magic wand are we? The main benefits will be in having a single pool of defined skills and one channel of communication – a name to a face – outside the school system; someone who will know which services to access and act as the link person between the school head and other specialist agencies.

(Behaviour support worker)

PART FOUR: KEY RESEARCH FINDINGS

a. The school is pivotal to the success of integrated children's services

One central finding of this research was that the school could provide the professional leadership needed to implement integrated services for children. Moran and Abbot (2002) argue that the school has a pivotal opportunity to provide the practice location for the development of policies and practices to enhance inclusion in educational practice.

For over two decades, the structure and philosophy of special education have been part of a context of an apparent realignment and transformation of the educational landscape. Its relatively recent development has involved a series of stages during which education systems have explored different ways of responding to children and young people with learning difficulties and other disabilities. As a consequence, much special education has been provided either as a supplement to mainstream education, or completely separate from it. More recently, however, the appropriateness of a separate system has been challenged because at the heart of the idea of inclusive education lie serious issues concerning "human rights", "equal opportunities" and "social justice". The result has been an increasing emphasis on inclusion and integration.

(p. 162)

Central to this idea is the belief that the school, as a significant motivator of professional opinion both in favour and against any proposition, should take the lead in the development of integrated children's services. The philosophical imperative of this argument is evident in the findings of this research. Obviously, the school is capable of providing the practice location for the organisation and adoption of multi-disciplinary and inter-agency practice. However, does the organisational will exist to do so? This assertion questions what is meant by the 'philosophy of education' today and the attitude of teachers, parents, and politicians towards the primary role of the school. Does the school exist to educate an unequal society or give technical advantages to the wealthier and/or abler child?

DfES research into the potential effectiveness of 'extended schools' (Cummings et al., 2005) developed the issue in relation to the fundamental question about the leadership of schools in such a process on organisational and professional change:

If schools are to engage in the family and the community agendas only with a view to their core business of enhancing children's learning, then it makes sense for their strategies to be led, developed and overseen internally. Put simply, the school's community strategy becomes a sub-set of its teaching and learning strategy and is rightly the responsibility of heads and governors.

(p. 153)

Indeed, if professional ownership of the extension of policy and practice is essential as these data indicate, the significance of a preferred model of interdisciplinary engagement will be critical to success. One head teacher put it rather plainly:

The issue for me is whether I will be able to convince my teaching colleagues that they should implement a completely new and untried approach. If we were in the driving seat this would make a difference, but we really need to be able to show that a workable model exists.

(Secondary Head Teacher)

Cummings et al. (2005) also recognised this issue in their research for the DfES when they noted that there was 'a considerable diversity in schools' response to this rationale and there is no evidence of a single, well-developed model of full service extended schools emerging (even if such a model was thought to be desirable)' (p.43).

This dilemma is an important feature of the discussion. The school is the key institution for effective co-ordination of integrated children's services, but such a change in the operation of support to the most vulnerable children will challenge the basis of the approach currently being taken to increase social inclusion in the schools. Is this what the Children Act intended, and is it likely to succeed? Evans and Lunt (2002), who studied the growing impetus

towards full inclusion by reviewing data from professional focus groups and all principal educational psychologists in England and Wales, concluded rather starkly that:

Our analysis of the contradictions in government policy and the ambivalence of practitioners leads us to conclude that progress towards a fully inclusive educational system in England and Wales will be slow, and that its end point may never be achieved. In order for a fully inclusive system to evolve, there would need to be a huge shift in the culture, organisation and expectations of schooling.

(p. 12)

Is it possible that the 'ambivalence of practitioners' referred to here could be overcome using a process of collaborative inquiry to design the procedures and systems needed for a practical response to this enormous professional challenge?

b. Resolution of the 'lead role' and 'professional voice' issues

Empson (2000) found 'self interest' to be particularly relevant to understanding the acceptability of merger between professional functions. In particular, as evident in the literature, the 'complementary concerns of exploitation and contamination are critical inhibitors' (Empson, 2000 p. 43). Indeed, as the champion group began to examine the options for meeting the need for integration and better co-ordination, the professional positions (as defined by Clouder, 2003) became clear:

...the core worker or whoever this lead person is, whatever their title is, they are going to be like the centre of the wheel, and the case comes and they can refer it to the most immediate need and then set up input from other agencies and, but one of the crucial things I think will be that key person communicating with us, and us with them, to make sure that things still continue to roll... I'd be very optimistic and, listening to what you say, I think we are all on the same wave length here.

(Group facilitator)

This participant expressed the opinion that the group is 'all on the same wavelength' as regards the lead role being the 'centre of the wheel'. Was she,

however, correct? The social work manager subsequently intervened to mollify the suggestion:

We're not setting anything up permanent at this stage so, one it gives other professionals an opportunity to try this but if it's not the way they want to work or if they find it's, you know, whatever, but it also means it gives us a chance to try something out.

(Social Services Manager)

Throughout this study's initial fact finding, the teachers in the group strongly expressed their past sense of isolation from the casework undertaken by the social services department. They also felt that the professional role of the teacher – 'being with the child all day' – was more significant than was formerly accepted:

I thought, when we're all sitting here, one of the group would *lead* that team rather than *manage* the team but would have administrative support, because that was the most vital part. Have I got the wrong idea now?

([emphasis added] Primary head teacher)

Other teachers and the educational psychologist in the group added to this concern.

I thought it was somebody that would have expertise on referrals in and sort out the co-ordination of it.

(Secondary head teacher)

I think we used the word 'facilitate'.

(Educational psychologist)

In practice, four descriptions of the role in these few transactions emerge – a lead professional, a manager, a co-ordinator, and a facilitator.

Could it not be that at the beginning when we're in the shadow pilot it might be better for the heads who know the family and the children to talk with the lead person, and they have to initially we have to make the judgement as to which way this is going to go. Gradually, I would have thought, the lead person

will know if that child actually needs to be referred to other agencies and I think at the beginning I envisage a lot of dialogue being between us and so on and so forth, to get it moving.

(Deputy education director)

And I suppose what I'm saying is, I do think that within the borough at the moment we've got to drive towards integrated working generally and people are watching what's happening here to, sort of, learn from this. But I suspect the specialist team, because we will need a specialist team still, I don't imagine that we're going to end up with just all services based round clusters of schools because we've got to think where other children are.

(Deputy social services director)

The struggle for the lead role in the decision making on cases appeared to be a critical issue for the group members, which again reflects Evans and Lunt's (2002) conclusion that for such inclusive policies to be successful, 'there would need to be a huge shift in the culture, organisation and expectations...' (p.12). The key leadership role for the school envisaged in the discourses between professionals also highlighted the importance and significance of job function.

c. Significant tension as a professional challenge

Another complex consensus issue was related to the need for broadened professional job functions to ensure that children in need got help at a much earlier stage. The objective would be to take preventative action to assist the child in the early stages of recognised difficulties, leading to better outcomes. Nevertheless, the discussion on the relationship between the services was very revealing and went beyond a simple concern for more resources. For effective collaboration to be achieved, according to Lawson (2004), 'the stakeholders need to negotiate a new system of social relations' (p. 233), such as that occurring in the action planning phase of this collaborative inquiry. The tension is clear in the group dialogue:

When social services take the lead, they take over the case and don't work in partnership with education.

(Primary head teacher)

When we work with the educational psychology service we have to totally hand over because they don't work with the child, they just assess. We have a better understanding of where parents are coming from.

(Secondary class teacher)

I would like to hand over numerous issues and problems to other professionals but I cannot do this, particularly in relation to the police and social services. This is due to lack of finance, resources or expertise. Consequently, the school deals with lots of issues that are not related to teaching and learning; the local authority is to blame as they are responsible for contracting.

(Special needs education advisor)

Referrals are made too late to fit in with the government's ethos of early intervention and call for a proactive as opposed to a reactive service. Late referrals are detrimental for children as behaviours can be far too entrenched, things could be resolved much more quickly and services should be more preventative.

(Senior social services practitioner)

We need a rapid response team or even a hit squad... the crisis versus long term approach is not understood and we have failed if it gets to this stage as it needs to be a child in need proactive approach. There will always be emergencies but real joint working means access to service much earlier than is happening at the moment.

(School nursing advisor)

We have received late referrals on a number of occasions and hear of cases where our expertise is required sometimes even by accident... we hear about ongoing cases when we could help much earlier. It's alright to set up a team to solve the problems if you know what the problems are.

(Educational psychologist)

These interesting data are important in that they suggest two key processes taking place within the group. Firstly, there is dissatisfaction with the present (Attwood et al., 2003) – an important and decisive motivator of change that when 'related to the needs of the patient' and 'placed at the centre' causes professional differences to be 'put aside' (Platt, 2001, p. 147). And, of fundamental significance to this study, an increasing acceptance of the school

as locus and co-ordinator of casework practice. Surprisingly, concern for the school's judgement in achieving higher levels of academic and examination attainment does not appear to weigh against this sense of obligation. (This issue is developed in the discussion of findings in Chapter 5.) However, the issue of professional primacy (Kruijthof, 2004) remains undecided:

But there is, you know, quite an attack on people's professionalism if you're saying, an educational welfare officer won't necessarily do all the educational welfare work. Well surely they're trained to do education welfare work? ...Because if somebody came and told me they were going to tell me something about my school, my hackles would be up straight away as well because if they're not a teacher, and they're not a head, then where are they coming from to be able to do that? And we're not recognising their professions... we all agree with the sentiment behind it, but actually if I was the person being told, you're going to do a bit of this, but what you do and you're trained to do, someone else is going to do it...

(Secondary head teacher)

Anxiety about possible loss of professional voice and influence also featured in the debate.

We have a degree of professional autonomy and it would be quite difficult for somebody to come out and make criticism in your school, you'd take it personally, you do invariably and you do as a teacher in the classroom. But on the other hand...if these people are working collectively to service the needs of the individual child and they're working collectively to service those needs surely that has to be better than working independently. And that's probably the driving force isn't it, and whatever we say, that's the national imperative now, you know, everything is coming, every child matters, all the legislation is following in terms of children's bill, I mean us, you know, we are now part of the same directorate.

(Social work team manager)

This excerpt illustrates that professionals accept more needs to be done by the whole system to bring needed benefits to the vulnerable child. It is not contested as an ideal. However, underlying this acceptance are tensions about the best way of doing this and the effect any resulting changes in policy will have on the key accountabilities of the professional contributors.

Moreover, the embarrassment associated with high levels of pupil exclusion in Bexley seems to act as both an inhibitor and a motivator for change:

It is a fact of life in Bexley that we exclude too many children from school for bad behaviour or because we have not got the resources we need to meet the particular needs of the children.

(Secondary head teacher)

It is all very well to say that, but how can we maintain the standards in the school and meet the needs of the most demanding children without much more resources? This is all about getting more staff into the school to do the job we all agree is needed.

(Primary class teacher)

d. Professional Primacy

A further key finding of this research is therefore related to the importance of the issue of professional primacy – who has the right to decide the form that professional work will take in an integrated team structure? The research suggests that there will be no ready consensus about this issue and that such professional acceptance will only come from experience and joint consideration of the outcome of integrated professional work. Thus, negotiation is essential if different parties are to achieve mutual goals: 'The social order resulting from these processes is, at any moment in time, a negotiated order and a temporal one' (Strauss, 1978, p. 2). Such professional negotiation may be engendered by the collaborative inquiry that was central to this research.

CHAPTER 5 – DISCUSSION

This chapter examines each of this study's three primary research questions and discusses the significant issues identified for the development of integrated children's services. The discussion builds on the literature on integration of human services set out in Chapter 2 and highlights the study's original contributions.

Research question one

The first question sought to understand the difference between methods of collaboration and integration in the organisation of professional work to protect vulnerable children from harm. Specifically, it asked whether individual professionals working in separate agencies, who are currently collaborating on the implementation of policies to protect children from harm, can share their work in such a way that they could be defined as an integrated team?

Professional primacy, professional obligation, and organisational change

This research has identified a key ingredient of success or failure in the quest for integrated professional working; namely, the relationship between professional primacy and professional obligation. These may either pull in opposite directions or be properly and essentially acknowledged as symbiotic. I argue that they are inter-dependent concepts and attainment of professional integration relies on that inter-dependence.

Responsibility for children's services in the UK is vested with statutory bodies such as local authorities, health authorities, and schools. These agencies can be assigned duties and accountabilities in law and be held to account through formal documentation of their performance. However, this organisationally weighted accountability seemingly ignores the fact that to comply with these duties, individual professionals must undertake particular tasks, whose success or failure depends on professional values, professional judgements, and personal accountability.

Moreover, the history of managerialism and performance measurement in the UK has heightened professional anxiety and weakened the decisive and authoritative implementation of change. Why? This research has pinpointed professional primacy as the reason, and inextricably linked to such primacy is professional autonomy. Analysis of the experiences and judgements of the champion group and analytical team of professionals and managers co-operating in this research has identified a mix of relationships, roles, control mechanisms, and guiding principles that at best could be described as reactive and chaotic. Chaotic, because at the time of the collaboration case study, there was then no sense of accepted primacy of professional opinion or accountability. Moreover, egalitarianism, in which each professional contributes to the accepted goals of the team, was challenged by the groups who felt it was ineffective and uncomfortable to work in. They would prefer structure and order to continually renegotiating on a case by case basis. Nevertheless, as research has predicted (e.g., Grace, 1996), the professionals' sense of obligation to the client and professional values had an effect on the attitudes and practice of the champion group and analytical team members.

The sense of organisational and operational values, a key ingredient in the motivation and the practice of both the champion group and analytical team, enhanced the professionals' need and desire for order and shaped the inter-professional work needed to implement arrangements for professional integration. This desire for acceptable order was identified by Strauss et al. (1973).

This observation suggests that, as regards the managerial and operational techniques needed to initiate changes in professionalism, practitioners' professionalism is more important to the change process than is the prescription of rules and procedures. Admittedly, such rules provide the impetus for change; however, possibly as a legacy of managerialism and performativity, professionals feel obliged to co-operate and may even fear the implications of not doing so. Do they, however, feel a *professional obligation* to do so? In other words, do professionals *want* to make the changes or do

they rather feel *compelled* to do so? This research tested collaborative inquiry (CI) as a technique to empower professionals, put control of the process into their hands, and provide a highly positive experience. In this study, the technique was successful.

Of course this optimistic assessment needs qualification. The local circumstances particular to Bexley, and a key factor in the group's success, was the long organisational history of inter-professional and joint agency work, whose prime significance was noted by Bronstein (1999), in her lengthy and informative analysis of collaboration and professional consensus. Nevertheless, the approach taken in this current study was notably different from similar implementations of CI, in that the methodology followed both vertical and lateral integration. That is, the teams leading the thinking were representative not only of the different professions but also of the organisational hierarchies in those different professions.

Also evident from the analysis was the importance of professional voice. Every professional in either the champion group or analytical team – whether teacher, social worker, health practitioner, educationalist, or policy analyst – came to the setting with his or her own professional values, assumptions, and ambitions. Each profession expressed a frustration with their professional skills not being adequately recognised and all wanted an opportunity to have their professional voice heard. In the case of children's services and the quest for professional work integration, this frustration was most marked in the attitudes and experiences of teachers, echoing Mullen's (2002) observation that although teacher professionalism has traditionally been focused on the areas of expertise (i.e. on altruism and autonomy), public and bureaucratic discourses continue to overwhelm discourses about teachers' visions and concerns.

This dominance of professional individualism also exists in the health professions. Clare (1993) cited the concerns of nurses working in the school setting, which echo the views expressed by Mullen. Similar concerns are evident in professional social services discourses. Michie and William (2003)

pointed to the same frustration and the consequences of insufficient professional and ethical recognition. Lait and Wallace (2002) also described a profound relationship between organisational direction and professional conflict in multi-disciplinary social work practice. This research has confirmed this basic dilemma. Each participating professional desiring children's service integration needs a sense of genuine participation in the new service development and must feel able to influence the arrangement of professional support for the vulnerable child. Also considered essential by the participants was the need for clear professional boundaries and complementary contributions from the specialist professionals.

Yet, as outlined in earlier discussion, the guidance and advice given to statutory agencies – including local authorities, health trusts, and schools – has looked only superficially at these issues. Leadership has been recognised as key to the successful implementation of an ambitious programme of reform, but the depth of professional resentment evident in the discourses remains unaddressed. This failure is evident in the scant acknowledgement given to these professional concerns, in the developing guidance about the need for a lead professional role in the supervision and management of the integration of practice (DfES 2005e, p.5).

Thus study's findings clearly indicate that it is overly optimistic – if not actually incorrect – to presume that professional commitment to the changes needed to develop service integration will come from such assertions. The latter may clarify the expectations of the regulators and point to the success of measures sought by such service inspections, but they are unlikely to persuade the professionals assigned the task of implementing the changes. Rather, professionals need to be convinced, and enabled, to design the proposals for intervention.

The Bexley model for co-ordinating the work of integrated children's services professionals represents a radical shift in the power and influence of schools, which, it suggests, are the best loci for new service development. However, such location not only presents a huge challenge for both teachers and the philosophy of education but also places social workers and health

practitioners in a new and ambiguous period of change. Certainty, professional voice, and clear boundaries for professional contribution, together with participation and accountability, all require a process for developing support and commitment.

The dilemma of competing professional values, ambitions, and expectations – that is, the illusive professional consensus that has been lacking in collaboration and human services integration since the origins of the thinking in the 1950s – may be facilitated by the type of collaborative inquiry undertaken in this research. As a technique, CI is not only capable of stimulating professional consensus but, more important, of providing a vehicle for the informed professional judgement (Fullan, 2003) necessary to engage professionals and practitioners in the programme of change.

This research has demonstrated the significance of authentic professional participation in the quest for professional consensus. In this study, a multi-disciplinary and multi-agency group of people seeking to integrate their services for vulnerable children were able to achieve their goals, given sufficient autonomy and authority, allowed to share core professional values and aspirations, and freed to contribute their professional voices to inform consensus. Could the outcome produced here be described as an integrated service? It was certainly more successful than prior collaboration in a number of significant respects:

- The process of inter-professional discussion was a learning experience for the individual practitioners. Their understanding of different professional attitudes and standards was greatly improved;
- The willingness to identify early measures for the prevention of later difficulties likely to be encountered by a vulnerable child was evident;
- The codification of professional procedures to meet the expectations of inter-professional work was made possible by documenting the agreements reached within multi-agency groups;
- A professional consensus and informed professional judgement were achieved without joint working being prescribed for the different professionals;

- A consensus about how integrated teams could measure the outcomes for children was readily reached, and did not rely on the prescription of statistical methodology set down by government.

Nevertheless, in terms of Bronstein's (2002) index of collaboration, the findings represent only a partial achievement. A genuine merger of functions and actions and the re-alignment of professional functions did not occur because professional boundaries controlling specific actions were maintained. In that sense, the type of integration suggested by Hagebak (1979) whose introduction government intended through the Children Act and its related guidance, was not achieved. Therefore, further research is needed to follow the experiences and processes of the new school-based teams to assess whether, over time, such a transition will occur.

Research question two

The second research question probed whether the technique of participatory action research through collaborative inquiry can be used to empower the practitioners themselves to design a systematic method of integrated working with children that is measurably better than the preceding co-operative system.

Collaborative inquiry as a tool in the development of integrated children's services

The discussion on the methodology of collaborative inquiry identified the McNiff's (1996) stages, or cycles, of evolutionary action research, which were interposed with Kakabadse and Kakabadse's (2002) collaborative inquiry to fuse information flows between the champion group of practitioners and managers and the analytical team of academics and researchers. What did that first cycle of activity – between July 2004 and July 2005 – achieve; and did it deliver the “look, think, and act” methods recommended by Stringer (1999)?

First, it is important to note the high professional engagement and remarkable energy and enthusiasm of the champion group, whose members attended monthly discussions (each taking up most of one day) for over a year. As a

result, these participants reached a high degree of consensus on their vision for better service integration for the benefit of the child, which provided the impetus to *look*. Moreover, because the individual case reviews were thorough and informative, the thinking and reflection about the difficulties in arranging help for the child was clear and comprehensive. In addition, the desire to work in an integrated manner was recognised and provided the momentum for future action.

The first cycle of the collaborative inquiry process produced agreement on how to test the findings of the reflexive process, based on which the group proposed the appointment of a practitioner team as a means to integrated working. In the second cycle, between June and August 2005, the practitioner team established new protocols of professional engagement and new systems and procedures for assessment and actions to follow identified concerns. In this second cycle, the work of the analytical team was significant. The key lesson from the first cycle of discussion by the champion group was the impossibility of undertaking detailed documentation of procedures and processes. Even though the forum saw itself in agreement on the strategy and vision for the integration of professional practice, individuals came to the forum with more detailed expertise and casework experience than could be recorded within the scope of the study.

The third cycle – assessment of the outcomes of integrated working – became a fusion of discussion between the three groups, in which the lead role for assessment was assigned to the analytical team. This team addressed the question of whether the integrated work met the requirements of the DfES's prescriptive guidance. At the same time, the practitioner team assessed the lessons and experiences generated by the processes of integrated working design during the second cycle and their satisfaction with their own professional work. The champion group was then able to reflect on the larger picture of whether the pilot study had been effective enough to recommend it to schools throughout the Borough.

Respondents in all three groups regarded collaborative inquiry as a positive and worthwhile approach to professional participation and change management. Thus, as a technique to enable organisational change, as well as a method to empower professionals through authentic participation, collaborative inquiry was undoubtedly successful. Based on the data generated and the respondents' positive assessments, the technique also appeared to be a powerful and motivating experience for engaging professionals in a productive discussion leading to action planning and professional consensus. However, it is important for this study to identify the particular attributes of this process that had special significance.

Methodology for casework analysis: the continuum of reflexive action

Analysis of the method's special attributes identified a continuum of reflexive practice encompassing four phases of discussion and action: joint working, professional relationships, organisational issues, and practice issues that led to a dynamic cycle of change (see Figure 16 for a diagram of the cycle of discussion). This analysis merits more in-depth examination.

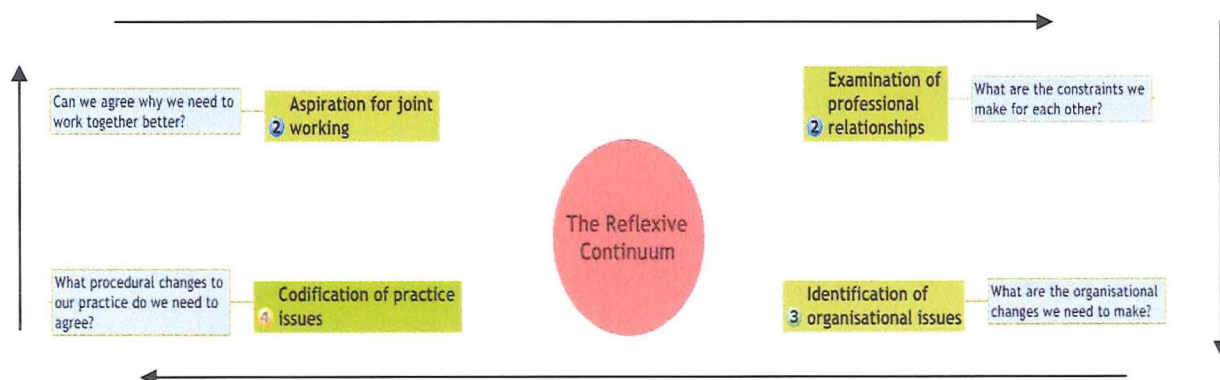


Figure 17. Continuum of action planning

The professional aspiration for better joint working was a powerful component in group discussions, because it encouraged acceptance of the open and assertive challenge to professional practice and led to proposals for organisational change to rectify weaknesses in operational practice. The most potent component of the model was the professionals' willingness to codify their own practice instead of relying on the government-imposed prescriptive guidance.

Moreover, the inter-relationship of the champion, analytical, and practitioner groups enabled several important changes:

- The establishment of an academic and analytical discussion structure enabled the groups to inform themselves not only about the prescriptive expectations of government, but also about the professional and operational advice available from a broad body of sociological literature and history;
- The group structures were based on the important principle that representation at managerial, supervisory, and practitioner levels in each statutory agency was necessary to achieve authentic participation in the process of change;
- Professional consensus was made possible through the use of individual case files in which managers and practitioners reviewed their own practice in a confidential setting;
- A link was made between the need to improve professional practice and the need for organisational change to do so;
- An operational model was devised and implemented that accepted the need to base inter-professional work in the school, as the practice location.

In this sense, the technique of collaborative inquiry provided both a framework for professional engagement and itself gave rise to an interpretive model designed and owned by the practitioners themselves.

Research question three

The third research question asked whether the system produced by the pilot study could be generalised as a model for other settings preparing to meet the expectations of the Children Act of 2004.

As regards generalisability, perhaps the most important observation of this research is that professionals are eager to contribute to the development of their own professionalism. Yet the guidance available to local authorities and the other statutory bodies tasked with implementing the new integrated children's services glosses over the personal challenges to professionals implicit in the process. There seems to be a presumption that putting different professionals together to discuss the same problems will automatically

generate the vision set out in the policy. This erroneous assumption is evident in the latest guidance issued in the summer of 2005 (DfES, 2005).

It almost seems that these professional issues are too complex for the authorities to explain and embrace. Such reluctance could even be described as a professional taboo – an unwillingness to be open and candid with colleagues about professional tensions and realities. Nichol (1997) explained this phenomenon in terms of the emotional pain involved in learning, and made the case for applying the group analytic experience to the process of personal change.

The need for someone to take control of the situation seems obvious; however, as this research has demonstrated, the decision to select a lead professional from any of a number of organisations is highly problematic. Thus, reluctance on the part of government to indicate a professional preference – to decide whether the services should be led by an educationalist, a social services professional, or a health professional – is understandable.

Nevertheless, the fact remains that professionals must work in the real world in which governments legislate for change and people employed by state organisations must comply with the democratic process. Given this reality, collaborative inquiry, as this study has demonstrated, can enable a compromise between professional ambition and the desire for autonomy by providing professionals with the appropriate information to analyse and review their own practice. Indeed, Clare (1993) found that that under the hegemonic conditions often seen in such professional hierarchies, dialogue between professionals could easily become a technique for drawing out prescribed information and received knowledge.

The process of collaborative inquiry in this research was able to harness the important power of professional obligation, thereby facilitating the complex consensus needed for agreement on how the leadership of multi-disciplinary work could be accomplished. However, does this finding suggest it as a tool to promote human services integration? The widespread acknowledgment of

authentic participation in professional development as a critical component of successful change management would suggest the affirmative: that such collaboration provides a logical method for seeking consensus, one that respects the concept that professionals cannot be told what to do.

Generalisability of the study

This research has pragmatically demonstrated the use of collaborative inquiry as a technique to engage professionals from different backgrounds and experiences, competencies and motivations and enable them to learn in a setting that supports and encourages their ability to design change for themselves. In this important sense, the approach can empower and motivate professionals working in an increasingly stressful climate of performative managerialism. The observed outcome was the development of professional acceptability in an intensely controversial area of public work.

Thus, it might initially be concluded that the development of similar techniques – the formation of champion and analytical teams of practitioners and managers to reflexively review casework – would have a generalisable application. That this approach was apparently successful in Bexley is itself worthy of merit; however, it should also be admitted that certain circumstances of the setting were particular to the organisation and its history, traditions, micro-politics, and geographical size. Specifically, the following components were unique:

- The researcher, and author of this study was also the chief executive of the local authority with an interest in the concept of human services integration and its application;
- The respondents were given licence and encouragement to design and implement services for themselves and to reach organisational and professional consensus in doing so;
- The council has a long history of seeking to implement integrated services in which professionals, managers, and practitioners are transferred to new organisations to work in new ways;
- The competencies of the council and the social services and education departments were considered 'excellent with strong likelihood of improvement' by the Audit Commission and Ofsted;

- There was strong political consensus on the council and within the partner agencies that service integration is essential to the well-being of vulnerable children;
- Because Bexley is a relatively small, outer London authority with a population under a quarter of a million, professionals, managers, and politicians know each other well.

As regards the first component, concern for potential bias in the findings did arise from the researcher's simultaneous role as the chief executive of the council and principal manager responsible for delivering the Children Act changes. Therefore, it is worth restating that the data for both the champion group and the practitioner team were recorded by independent reporters during group discussions from which the research was absent. Secondly, the independent semi-structured interviews (Tope, and Thomas 2005) provided a high degree of confidence that group members felt able to express their views without inhibition or fear of adverse reaction from their organisations. Most important, however, the product of the champion and practitioner groups' work – as well as their ownership of and protectiveness towards this product– implies that there was no coercion.

The champion group has now become hugely protective of the work. It is as if they see the practitioner team as on an umbilical cord. It is their baby.

(Policy analyst in the analytical group)

In terms of the remaining concerns, despite these unique circumstances, the results of using collaborative inquiry to facilitate professional consensus and authentic participation in the design and implementation of new methods of working across inter-professional boundaries clearly suggest that the model has wider applications. For example, it successfully engaged professionals from different agency cultures, structures, and accountabilities in a common purpose of designing how new inter-professional relationships should be formed. Thus, as a model for effective professional engagement in organisational change, it has significant merit.

Summary and Conclusions

This thesis began with recognition of the dilemma facing professionals in education, health, and social services following the laying down by legislation of a prescriptive agenda for fundamental change in the way services to vulnerable children are to be organised and delivered. For the first time, such professional functions must be integrated into one organisation. This change in professional responsibilities and accountabilities is highly significant in that it has removed the professionals' licence to collaborate on an equal basis— a tradition that has enabled professionals to maintain their autonomous intellectual rights – in favour of a system that constrains those rights and gives primacy of opinion to one professional over another.

In reality, however, such a change in the professional relationships between peers cannot be mandated in written procedures or through statutory guidance. Change will not happen unless the professionals themselves see the advantage to altering their own professionalism. The literature abounds with illustrations that such change does not happen easily because there are too many tensions preventing this type of collegial working. Indeed, self-interest and the need for professional acceptability are recognised obstacles to such change. Moreover, professional judgement is shaped by the attitudes and responses of peers as well as professional institutions. Nevertheless, there is one element paramount in the philosophy of professionalism that does provide a huge momentum for attitudinal change; namely, the professional obligation that sees the needs of the client – the service user – as more important than the effect of change on the individual professionals themselves.

This research has demonstrated the power of such professional obligation, using a technique to awaken professionals to the realities of their own past decisions and actions. This recognition gave rise to a powerful reflexive response as the professionals accepted not only the concept of integration but also the need for acceptance of the professional primacy of others. What insights, then, do these study findings provide as to how any future attempts to generalise this model to other settings should proceed?

Firstly, observation of the use of collaborative inquiry suggests that effective inter-professional discussion is best stimulated in a forum designed to enable professionals to discuss their own responses to the needs of service users and clients. Such discussion should take place in a confidential arena governed by respect and appreciation for the contribution of others in an inter-professional team of practitioners, supervisors, and managers from the different participating organisations.

Also crucial to the success of the technique is the inclusion of a motivated and committed team of organisational change champions who are passionately convinced of the need for change and have a clear understanding of the issues. This team must be characterised by effective inter-relationships between the participating professionals representing lateral and vertical tiers in each organisation.

In addition, to complement the professional practitioners and managers in the champion group, an analytical team brought academic and programming skills. Their role, to prepare case study material for discussion by the champion group and document the discussions in a way that can be reviewed by the champion group using the paradigm of collaborative inquiry, was very important. This study found the visual metaphors produced using the *MindMap* software and the analysis of group discussions using *NVivo* was particularly valuable in documenting results and enabling further concurrence on critical points.

Moreover, because the technique relies on case files of past professional engagement with individual children, files should be selected that clearly identify past engagement between the educational, social, and health services and provide the opportunity for discussion of the successes and difficulties in the practice and relationships between professionals and the organisations. Most specifically, school-based cases should be chosen in the areas of special needs and challenging behaviours.

Of great importance to the model refined in this research was its reflexive nature, which enabled group discussion to flow around certain fundamental steps. Specifically, the process began with initial discussion around the need for joint working that clarified the challenges for professional relationships, which led to proposals for organisational reform to meet these challenges and suggested professional practice reforms for better and more successful joint working. Obviously, these suggestions for change need further testing for viability, but the participants proposed to establish a practitioner team to follow the principles and procedures created by the reflexive process. Nevertheless, before the broader model can be successfully implemented and the suggested steps followed, these original research findings must first be widely disseminated to professional practitioners. In the first instance this was achieved in Bexley through newsletters, a CD, road shows and meetings in different settings. Individuals from the three teams were key in this process, supported by the Chief Executive who was not always personally present. The immediate effect of this work has been that the Council has been short listed for a Beacon Award for Children at Risk Preventive Services.

Dissemination of research findings

In order to have a broader impact than just locally, these findings will be disseminated through conference papers, articles in professional journals, and through co-operation with the Institute of Education at London University. The most immediate broadening of the techniques for possible change in children's services will be through a series of articles in the professional press and national media, most particularly, a series of three articles describing the technique and findings to appear in the *Local Government Chronicle* and the *Guardian Newspaper*.

A further exciting prospect is the possible development, in co-operation with the Institute of Education and the London Learning Centre, of an academic programme for practitioners. As the pivotal role of the school in the implementation of successful integrated children's services cannot be over-

emphasised, this latter will provide a valuable learning opportunity for schools and LEA-based professionals, social workers, and health practitioners.

Such dissemination of information is critically important if the methods suggested here are to be adopted more widely. Of equal importance is the professional environment in which such implementation must take place; most particularly, in terms of the professional resources available and ability to measure outcomes.

Implications for future research

Professional resources

This research has suggested that preventative services are needed to support the vulnerable child at an earlier point and in a more effective way; an intervention that can be expected to incur additional expenditure. The government's theory is that better arrangements for preventative work will reduce the long-term cost of more expensive interventionist strategies in the future. While an enticing argument, given the difficulty of proving, by definition, this outcome in the short term, most respondents in this research considered that further examination of the costs and effects of the strategy of integrated services should take place in studies lasting several years.

Ability to measure outcomes

Outcome measurement is clearly key to the justification for change. At present, the professional aspiration and obligation to do better for the child is a motivator for change; however, if the costs – professional as well as financial – of the integration process are not offset by measurable improvements, it is questionable whether the policy will be judged a success. Therefore, as the pilot integrated practitioner group, implementing the new collaborative system, builds its new caseload of children, more research will be needed to provide an answer to this question of success or failure.

Whereas the findings of this study provide clear evidence of the feasibility of the proposed collaborative model, they also highlight the existence of

considerable professional anxiety about the issues of educational philosophy, resources, sustainability of practice, and the ability to measure outcomes with the new approach. Thus, each of these issues warrants further discussion and provides a valuable opportunity for further study.

Educational philosophy

One surprising finding, related to the possible integration of professional work with children in the school setting, was that the more fundamental considerations of educational philosophy did not modify the approach proposed by the professional groups. Rather, these participants apparently accepted the vision of the Children Act that better professional integration would increase the likelihood of achievement for the most vulnerable children by reducing the number of children excluded from the mainstream school environment for particular needs like poor or challenging behaviour.

Whereas the literature provides evidence of a widespread belief in the appropriateness of inclusion policies in schools (Dyson et al., 2004), it also reveals considerable concern for the effect such policies may have on the attainment of vulnerable children and others in the same classroom environment. Why, then, did this concern not appear as a consideration in the champion group's discussions? Firstly, the participants may have considered it professionally inappropriate to argue the case that exclusion may actually benefit the majority of children at the expense of a few with special needs. Secondly, the issue of resources needed to meet the assessed requirements of the children able to receive the new integrated services did not feature as an impediment to the planning of new services.

Both these issues need further analysis. The wider constituency of schools and professional workers outside the champion groups will need to see tangible advantages of the new integrated services.

Successful integration will produce both a measurable improvement in the outcomes for vulnerable children and a perception on the part of parents, governors, and inspectors of continuing school achievement. Obviously, such outcomes will need to be demonstrated empirically before widespread implementation of the model can be effected.

CHAPTER 6 – CONTRIBUTION TO LEARNING

This thesis has contributed to the literature in three major ways. First, it has challenged the appropriateness of prescription legislation. Second, it has highlighted the significance of professional motivation and participation in the process of organisational change. Third, it has shown the viability of collaborative inquiry as a tool in the design of integrated children's services.

Challenging the regulatory creep of regulation and performativity

Even though the tide has turned on 'regulatory creep' (Arculus, 2004, p. 1), the UK government still apparently believes in the power of inspection and regulation as guarantor of standards.

Despite regulation reform in the public sector, this researcher suggests that the regulators still believe that only they can protect a vulnerable public from the inefficiency and inadequacy of public provision. As Bundred (2005), writing as Chief Executive of the Audit Commission, commented,

All this [reduction in regulation] is to be welcomed. But minimalism has its limits. Walk away from whole swathes of regulation willy-nilly, especially in the public sector, and you will have untreated patients and irate Council taxpayers to contend with. So the trick is to foster a certain sort of minimalism, without abandoning regulation's vital role in driving up standards and ensuring value for money.

(p. 23)

There seems no place in this view for the enterprise, enthusiasm, and commitment of the professionals engaged in this work. Rather, the people actually doing the job can be instructed and regimented through processes of regulation but their motivation appears irrelevant. Yet, as the literature has indicated, accountability is an integral part of professional thinking. Therefore, does regulation and performativity enhance the ownership of accountability or does it give rise to fabrication, defensiveness, and disengagement? This research has clearly illustrated that the 1990's drive towards more managerialism and performance measurement has created a culture of blame and fear that inhibits the best of professional work and enterprise. While creating a culture of performance attainment that reflects the wishes of the

regulators and the inspectors, it has done nothing to empower professionals and provide them the motivation to enhance standards from the point of service delivery. Specifically, these individuals are responding to the critical judgements of others, not to their own professional views and visions.

Bundred (2005) also pointed to the competency issue:

[Regulation] is a powerful driver of improvement: last year no fewer than 52 of the 150 largest Councils were performing sufficiently better to move up one [performance] category. Moreover, to ensure that the regime continues as a spur to Councils, this year we are raising the bar...the Harder Test will place more emphasis on the corporate competency of a local authority...

(p. 23)

This comment seems to confirm the expectation driving up performance and a culture of continual improvement relies on the threat of inspection and regulation rather than the engagement of the professional. It fails to acknowledge the significance of professional participation in the process of change and improvement. Yet, the steps needed for future professional integration will obviously need the concurrence of different institutions, professionals, and practitioners, some of whom – like GPs and schools – have a semi-autonomous status. They can be directed and regulated but need do no more than performance assessment warrants. Such reliance on regulation seemingly puts too much responsibility on bodies like the Audit Commission and related inspectorates to provide the undisputed professional answers to complex human service needs. In contrast, research has clearly suggested that the success of organisational reform depends on many more factors than simply setting the standard to be measured. Thus, a fresh technique, such as the one proposed in this research, is needed to empower professional confidence and inspire organisational change for the better.

One other important contribution of this research has been to highlight the importance, and indeed the power, of professional motivation and participation in the process of organisational change. The findings also demonstrate that the professional obligation felt by practitioners to identify

best practice despite potential changes in personal status and responsibility is a more powerful force than the fear of failure through regulation. Thus the study throws light on the imperative to find a new way of engaging children's services professionals during the move to a new integrated service delivery.

Collaborative inquiry in the design of integrated children's services

Without doubt, professional integration differs greatly from collaboration in professional work. It demands a significant shift in the autonomy of individuals and institutions, one that will influence professional primacy and accountability. The paradigm of collaborative inquiry – tested here to evaluate whether professionals from different levels and organisations can identify problems and solutions – has highlighted new and preferred approaches to resolving the issues which arise in individual casework.

The resulting data also reveal that the role of the school is pivotal to the changes sought by government. This finding is not only significant in itself but also emphasises the importance of identifying a technique that effectively engages head teachers and semi-autonomous governing bodies. The successful integration of children's services will rely, as Evans and Lunt (2002) argued when examining the policy of inclusion, on a significant change in the culture and organisation of schools. That change in culture and organisation cannot be prescribed in the same way that other more straightforward tasks have been set and judged. Rather, it requires a huge shift in attitude by head teachers and a very significant shift by all the other organisations and practitioners involved on the question of professional primacy. Such attitude and cultural change cannot be simply prescribed; it must also be professionally acceptable.

This research's identification of the collaborative technique of discussion, argument, and decision making as a means of achieving professional acceptability is particularly timely and appropriate in light of the professional debate at the 2005 annual conference of Social Services and Education Directors (Lownsborough, 2005):

Many of the challenges faced by local authorities are connected to the culture of organisations rather than to their structure, a fact acknowledged by forthcoming research by Demos and executive recruitment consultants Gatenby Sanderson. Under the Children Act (2004) it may be easy for those responsible for implementing the changes to focus on changing the internal structures of authorities, such as creating integrated children's trusts. The temptation to focus on redistributing the physical resources, or redrawing organisational diagrams, is powerful.

But the experiences of people working in children's services suggest that some of the most serious challenges to integration have much more to do with organisational culture. Teachers, social workers and health professionals clash over their different approaches to addressing individuals' needs. As one interviewee in our survey put it, "training for teachers, social workers, doctors and nurses starts with very different assumptions about the best ways to do their work. That can cause problems with trust when they work together."

Multi-disciplinary strategies are held back by complicated communications that are encrypted in the vocabularies of particular groups. And leadership follows hierarchical models that require decisions to pass through many levels of authority before being accepted and applied to people's everyday work.

Professionals are also torn by a situation in which innovation is essential to make the new services work, but there is also an increased focus on preventing the "worst of the worst" failures happening, such as the death of children like Victoria Climbié. Frontline workers find themselves trying to bring in new ideas in a climate where mistakes are barely tolerated and immediate results are essential for initiatives to be acceptable.

Finding a way through this confusing set of demands will require a different sort of approach to successfully introduce change.

(pp.123-125)

The eagerness to recognise the dilemma for professionals in this new world of integration is certainly shared by this author. However, this growing anxiety has not yet been addressed by any possible solution. The success of the research in Bexley seems to offer both a technique for enabling change and a means of doing so with the concurrence and support of the professional.

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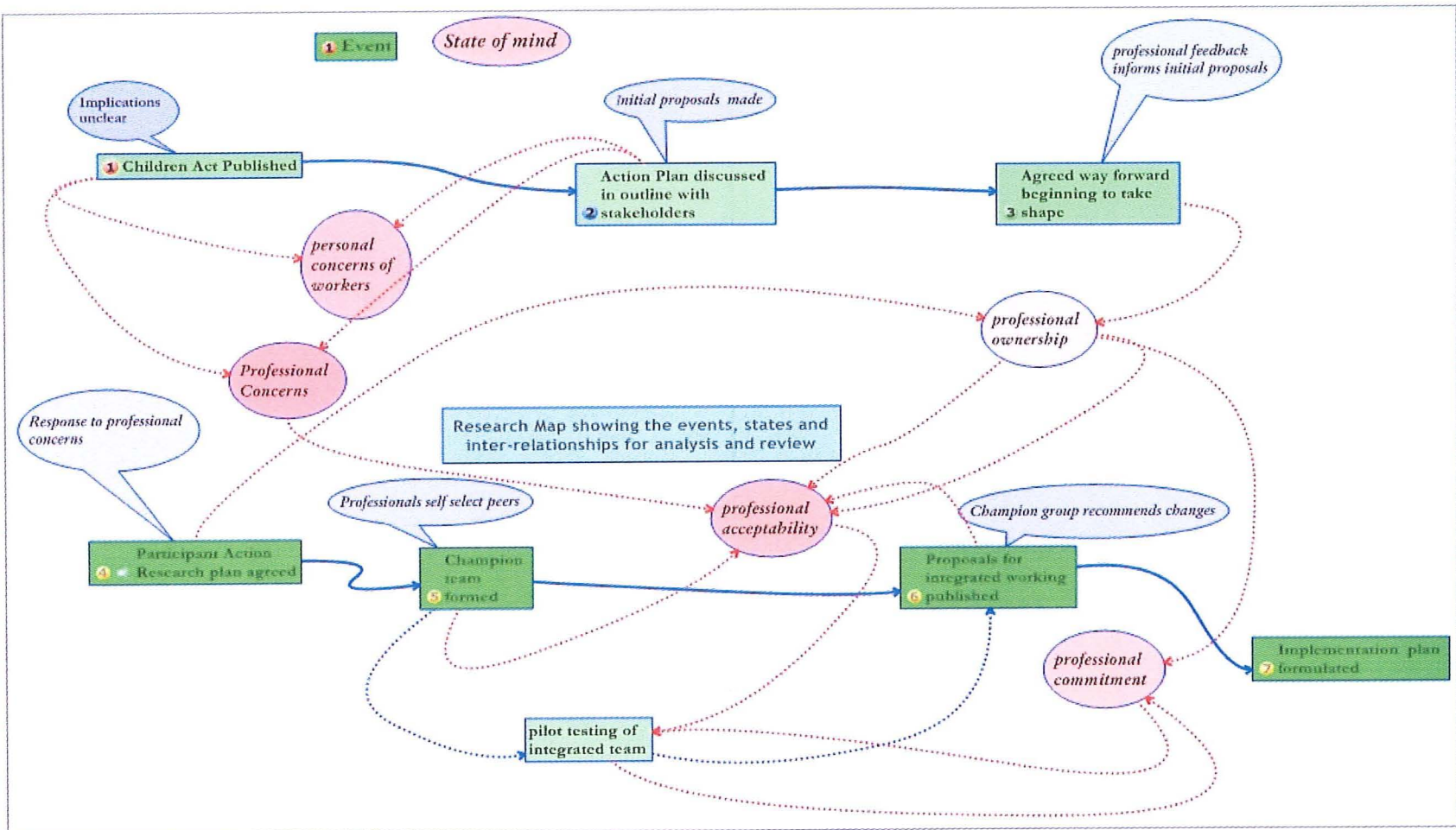
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Appendix 1

Research Map



Appendix 2

Semi-structured interview questions

1. Can you give any examples of when you use another profession for their specific expertise? When and why do you hand over lead responsibility?
2. How are you giving feedback to other professionals in your place of work?
3. Can you give examples of what sort of problems/issues are referred on to other professions by members of your team?
4. Can you give examples of when, from your own professions viewpoint, integrated teamwork is valuable in helping children and their families?
5. Can you give an example of when your communication with another profession could be improved? With which other profession do you communicate most frequently?
6. Do you and the other professions with whom you work have a good understanding of each others roles and if not, why not?
7. When do you need to write to other professions to verify information which you shared verbally?
8. Can you give an example of what, in your view, is an inappropriate referral? Can you give an example of when, in your view, a referral should be made but it isn't?
9. What sort of areas from your profession's viewpoint should remain profession specific?
10. How much importance do you place on supporting other peoples' roles in your work place? Do other professions support your role?
11. How frequently does your department receive referrals from other professions? From which other professions do you receive the most referrals? How frequently does your department make referrals to other professions and to which profession do they make the most referrals?
12. How do you see increased integration/collaboration with other professions fitting in with your job description?
13. Have you and your colleagues established any informal communication networks with the other professions and if so, what?
14. Do you feel that your profession is given equal status to the others?

15. Do you believe that the other professions perceive that your profession's input adds value and helps them in their jobs?
16. Do you think that incorporating other professions' views into a care plan/protocol/intervention enhances your professions' ability to meet children and their families needs?
17. At this stage of integration, can you identify any inter-professional training needs?
18. How do your existing organisational protocols reflect a collaborative approach and how could they be improved?
19. What formal procedures/mechanisms exist for facilitating dialogue between the professions? Can you suggest others which would help?
20. Can you describe any situations in your work place in which a coalition task force or committee has developed out of inter-professional efforts?
21. Do you have jointly managed meetings and/or committees and if so, with which professions?
22. Can you give an example of where working with the other professions leads to outcomes you could not have achieved as a single profession?
23. What sort of creative outcomes have emerged from your work with other professions that have surprised you?
24. Can you give examples of where you have taken on tasks outside your job description? Do you view flexibility as an integral part of your job?
25. Give examples of when you feel it is necessary to relinquish a degree of professional autonomy to support the needs of a child?
26. How do you utilise formal and informal procedures for problem solving with the other professions?
27. Can you give examples of where you feel the other professions are inflexible?
28. Can you give examples of where you have worked in different ways when collaborating with the other professions?
29. How well do you feel that your professional relationships have survived through all the changes so far?
30. Can you give examples of when decisions are made unilaterally by a profession?

31. How do the other professions with whom you collaborate encourage interventions from family members?
32. Do you feel your colleagues from the other professions are committed to working together? How committed are you?
33. How are you and your colleagues resolving existing inter-professional conflict?
34. How are you and the other professions exploring alternative strategies before reaching decisions?
35. How 'free to disagree' do you feel you can be with your inter-professional colleagues?
36. How are you engaging children and their families in contributing to future developments?
37. How willing are your colleagues from the other professions to take joint responsibility for developing care plans/intervention plans?
38. When, in your view, is it not necessary or appropriate for the other professions to participate in planning and implementing interventions?
39. Can you give an example of when you suspect other professions deliberately withhold information?
40. How often do you and your colleagues from the other professions discuss strategies to improve your working relationships? Do you feel you need to?
41. Which other professions do you feel you need to/should work with?
42. How are you working to promote a positive climate in your organisation?
43. Do you believe that the other professions are working to promote a positive climate in your organisation?
44. How optimistic are you about the ability of your colleagues to work together with you to resolve problems and move integration forward?
45. How do you help your colleagues to resolve conflicts with other professions?
46. How willing do you think your colleagues from the other professions will be to resolve problems and move the inter-professional agenda forward?

47. Have you had the opportunity to discuss with other champion group members their role in integration and where there are professional similarities and differences in competencies?
48. How are you and your colleagues from the other professions measuring the success of your collaboration?
49. How do you decide with the other professions the degree to which each of you should be involved in a particular case?

Appendix 3

Structure for the semi-structured interview of each member of the champion team

1 *Personal background*
Professional skill experiences
of implementing complex
casework.

2 *Professional concerns*
What are the key issues for
each team member in their
professional role?

3 *Examples of concerns*

How would work problems
be described and dealt with?

4 *Expectations of the changes*
What are the possibilities for
change?

5 *What are the personal
motivations and concerns?*

Who should be in control of
the process of change?

6 *Identification of the practical
steps*

What needs to be done to
achieve integration?

7 *Anticipation of the effect of change*

What are the consequences of
the changes proposed?

Appendix 4**Consent form**

**HERC
Associates**

Dr. Rosie Tope
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8 St George's Court
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21 April 2005

Consent Form: Telephone Interview

Title of Project: A model for the implementation of integrated working in children's services in Bexley

Name of Researchers: Dr Rosie Tope; Dr Eiddwen Thomas

Please initial box

1. I confirm that I have read and understand the information letter, dated April 2005, about this project and have been given the opportunity to ask questions. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason and without my legal rights being affected. ☐
3. I agree to take part in a telephone interview. ☐

Name

Date

Signature

Appendix 5

The Common Assessment Framework (CAF)

[Extract from the DFES website, explaining the purpose of CAF]

The Common Assessment Framework (CAF) for Children and Young People is a key part of the strategy to shift the focus from dealing with the consequences of difficulties in children's lives to preventing things from going wrong in the first place. It is a nationally standardised approach to conducting an assessment of the needs of a child or young person and deciding how those needs should be met.

The CAF will promote more effective, earlier identification of children's additional needs and improve multi-agency working. It is intended to provide a simple, non-bureaucratic process for a holistic assessment of a child's needs, taking account of the individual, family and community.

The CAF has been developed for use by practitioners in all agencies so that they can communicate and work more effectively together. Information will follow the child and build up a picture over time. The CAF will encourage greater sharing of information between practitioners, where consent is given. It will:

- Promote earlier intervention where additional needs are observed

- Reduce the number and duration of different assessment processes that children and young people need to undergo

- Improve the quality and consistency of referrals between agencies by making them more evidence-based

- Help embed a common language about the needs of children

- Enable information to follow the child

- Promote the appropriate sharing of information

Children's trusts will be able to develop use of the CAF through non-statutory guidance.

The CAF is particularly suitable for use in universal services (health and education), to identify and tackle problems before they become serious. Using common assessment processes should streamline relationships between schools and specialist support services. Staff will need to be familiar with the CAF, which will support school's own ability to identify and deal with additional needs at an earlier stage. They will use the new database as an effective tool for making contact with other practitioners. Key staff, not all teachers, will form

part of a wider team with other professionals to address individual children's complex needs.

If a common assessment suggests that a child has needs that require input from more than one service, it will help if one practitioner acts in the role of lead professional, to:

Provide a single point of contact, who children, young people and families can trust, and who is able to support them in making choices and in navigating their way through the system

Ensure that children and families get appropriate interventions when needed, which are well planned, regularly reviewed and effectively delivered

Reduce overlap and inconsistency from other practitioners

The CAF will help practitioners undertake assessments in a more consistent way. In many cases, it will just formalise current practice. With the right attributes and/or training, we expect that practitioners in any agency will be capable of undertaking a common assessment. Where the assessment indicates that the child has urgent or complex needs, requiring specialist assessment and intervention, the common assessment information will feed into the specialist assessment process.

[Timetable for implementation](#)

All local authority areas are expected to implement the CAF, as will be revised in early 2006, between April 2006 and the end of 2008. All areas should be working during 2005/06 to prepare for this, whether or not they implement the CAF published on 1 April 2005.

The CAF will be implemented during 2005/06 by local areas that choose to do so. This trial year will provide learning about the process of the CAF and associated checklist, in order to inform a revised version prior to April 2006. The DFES will commission a formal evaluation with a number of areas that are implementing the CAF and working to develop the role of the lead professional. Full guidance for areas choosing to implement the CAF in 2005/06 is provided below.

Documents

[CAF: Implementation Guidance for Directors of Children's Services in Local Areas Implementing Between April 2005 - March 2006](#)

[CAF: Guide for Service Managers and Practitioners](#)

[CAF: Form](#)

[CAF: Pre-Assessment Checklist](#)

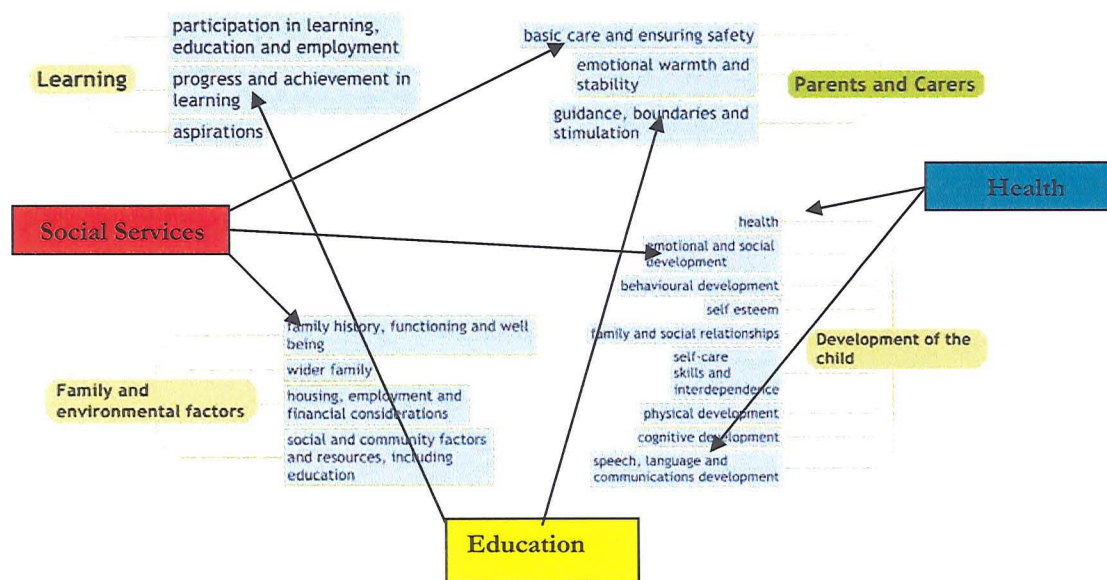
[CAF: A Quick Guide to Common Assessment](#)

[CAF: Impact Assessment](#)

[CAF: Questions and Answers](#)

Available at: <http://www.everychildmatters.gov.U.K./deliveringservices/caf>.
Last accessed 2nd June 2005.

Common Assessment Framework
Organisational Relationships with Social Services,
Health, and Education Professionals



Appendix 6

Example transcription of champion group discussion

Would it be helpful if we went round and introduced ourselves – I'm S M, Deputy Director in the new Children's Directorate.

I'm F I; I'm from the Corporate Performance Team.

N C, Policy and Planning.

I'm C J, Head Teacher of W School.

I'm J G, Educational Psychologist.

L C, Health Education Adviser.

T G, Co-ordinator of Education for Children with Medical Needs.

J M, senior teacher in.....at D Primary.

R Edwards, Head Teacher at S G Junior School.

M A, Head of C Primary School.

N, Head of N Primary School.

W G, Head of N Primary School.

M T, Manager for Children's Services, Bexley Care Trust.

A B, Head of Secondary Behaviour Support Service.

I'm S B, Head of B C Primary School

C C, Head of S G Infants.

J S, Practice Manager at West Child Care Unit.

Ok – we were just about to look at the minutes from the last meeting and we're hoping everyone had sight of them and we're on page one, including accuracy as well.

Page two.

Page three.

And page four.

The piece about education welfare doesn't quite read true. Where it's got following this audit several new initiatives were introduced; they weren't introduced because of the audit. So, that sentence needs to come out that says 'following this audit'. They are just initiatives that were already around.

Ok, page five.

Page six.

And page seven.

We said that we would start the next meeting at 9.30 am – if that's ok, changing the time.

Right, if we go on to the agenda, just before we start with the matters arising it may be that I should put that in Matters Arising, but I have had contact from Rosie, who's doing the interviews, and what she is saying is to ask the MAISI Group how we want the feedback from them in terms of their first round of interviews and I think the options basically are they are going to prepare a paper, they can come to our next meeting and sort of discuss it with us and talk it through or we can have their paper and we can discuss it ourselves, and if we feel that we need more input from them, we could then arrange another time. I don't know what people feel about that?

...concentrating on where we want to go in a way, so it would be quite nice to have the paper to read and then discuss it with them.

I was just thinking the opposite because it takes such a long time to wade your way through these papers, so it would be quite good if they sort of gave us, or maybe they could summarise, the key points and ...

At least if you've got the paper, then you can think about the questions you want to ask as well, can't you?

But I think some sort of summary of the key points so that we're not wading through it.

What's the general feeling? That we get the paper first and with hopefully them having summarised it as well as the information and then as a group we can have a... perhaps a mention of it next time and if we think there's some issues there or there's something that we want to know more about, we can set up something separate for them to come and speak with us? That is my preference actually because I just think it gives us a chance to have a look at it and use our time most effectively.

Ok, well, we'll let them know that then.

From the last meeting, I think we had reached a critical point right at the end, which was we were saying we thought we had a good idea who would be in our core team and we wanted to actually have some sort of shadow

arrangement starting in September before we start piloting proper, which would give us a chance to actually ..., people to test out some of these professionals to test out how this might work first. And so I think what we said we would do this time is spend a little bit of time looking at what we have learnt so far and the sorts of things we have been discussing so far and then spend some time on talking about the shadow pilot and right down to perhaps getting to the point of being able to name who might start off in that, whether it be by secondment, whether it, you know, [be by] whatever arrangements that we might have, and I suspect that will take up quite a bit of our time today, so if people are happy with that, we could probably start off by looking at, I think Fola has attached a chart that sort of looks like that. And I don't know whether Fola wants to talk us through it, but I think it is a visual way of being able to sort of look at what we have been discussing in this group and some of the issues that have arisen from it, and I suppose it would be useful to see if people agree that this is what we have been doing. I don't know if anyone's had a chance to look at it or if we just go through it together. You're being very quiet today, it's a bit unnerving!

So if we look at our very first meeting (now they won't stop). We look at our first meeting in January; it feels like a really long time ago, and I think what Fola has picked out there is [we] sort of started to diagnose what the problems might be and possible models for integrated working, and I think the main thing that did come from that meeting was the sort of discussion around, we needed some cases to actually track and help us to, sort of, define where we think we're going or what we think the issues might be. And then some work was done in between times, wasn't it?

Ok, and then I think the second meeting we had in February was the meeting where we spent, was that the meeting we talked about that first case, and certainly I felt, I don't know what other people feel, I think a lot came out of that, I mean apart from direct consequences for that family, but in terms of inter-agency working, what an integrated team might look like, you know, what do you do with, sort of, cases like that, children with multiple issues going on around them; it touched on all of those sorts of issues there, didn't it? And we talked there about what we thought the core team might consist of and be, and we didn't name... sort of, what we named [were] professions rather than particular posts, so I think we'd still left that bit, but we said we needed someone from social work profession – social care, someone from education welfare – it's not a school nurse, is it? School health advisers. That's changed since we started! School health advisers and a professional from behaviour support, and I think what we recognised at this stage was that we would be working quite likely to a hub and spoke sort of model, so we'd have our hub [that] would be this core team, but that they would have to be able to refer to other professionals and other agencies so, which we then started sort of plotting who they might be and some of those might be health visitors, police, YOT, educational psychologists/advisory, the more targeted bit of social services so we'd include our child protection services, CAMS and

some of the voluntary sector so it may assist in, depending on what the nature of the needs were of the children that that team were working with. And I think as well at that time we were saying that the core team should work with the children of those schools that they are working to rather than become a core team that work with particular issues so, a bit more generic if you like, so it might be that whatever the particular issues are would come into that team. Does anyone want to comment on that while we're going along?

Then we've had our third meeting in March where we did some more case analysis and we tried to, because the first case we did was quite a complex case, and, yes, I thought it was really, really useful, but we tried to look at some of those cases, if you like, which might fall into what we consider to be unmet need at the moment, so the ones that don't quite hit the thresholds of other agencies so, how would an integrated team work with those sorts of children presenting in the schools and we looked at two cases. And some of the key issues, as I remember, were around communication because we were looking at how we currently work as opposed to how we might work if we have integration, you know, true integration in terms of working. And, I felt, some of the key lessons we were learning from these case studies was, even if you had multi-agency working with some families, it didn't feel very joined up in terms of communication, so you might have two or three agencies working with a particular family, but all working to their own individual agency plans which didn't always cross over each other, and what we were beginning to find was, certainly from a schools perspective, I know when you were talking about some of these cases was, the communication wasn't always, so you weren't clear if there was a family centre involved, for example, what they were doing or when you would know it was finished and how we would know the outcome had been achieved, because it wasn't always clear what the outcome was that people were doing. And it didn't feel in terms of this when we got on to talking about lead professionals, perhaps, and tracking having one place where you could track all the different strands that were going on, it didn't feel always that that was happening. And certainly for some other agencies as well, it would be helpful for them to have the knowledge of the information that's already been happening, say in the health sector or behavioural support, for example, or, you know, whatever other agency. I think it was raising those sorts of key issues that the first case, I felt, did exemplify, but it was just that we were also finding that in what we might call our medium to low term, low cases in terms of threshold. Does anyone else feel that?

Very good.

Yes I know, I'm waiting for it. I think what we've also been trying to do between some of the meetings is map, if you like, what we think the territory is so, certainly some of the schools have been given their homework to actually sort of look at how many children might they have referred had they had an integrated team. What were the issues that they think they might have been referring in terms of, if you like, the over-arching issue, you know, is it a health related issue, is it social care, is it educational, is it behavioural, and I think we're still sort of refining that, aren't we?

Well, we've refined it.

You've refined it?

Kind of.

Well, that's really good.

And then onto our meeting last time, where we talked about broadening out this MAISI group that we've got, another group of schools interested from the sort of middle and south part of the borough, and we had some representatives now in the main MAISI which is really good. We then got into some pretty, I felt, sort of useful discussion around what the team might look like, what would the team be doing, how would we resource the team, and how we're going to get from talking to doing, so that's sort of my words, but I think that was kind of what, where we were going with it, was we've done quite a lot of talking now and we're all feeling like we want to do, or see a little bit of the doing. And so, it's sort of, how do we move ourselves from this stage to the next stage which is having something real in place that can start testing and if it goes right back to the first meeting we had where we talked about participatory action research which is partially what this group is about, is that we need now some people actually testing and bringing back to this group so that we can actually look at it and say, did this work, you know, have we got this right, is the referral process right, is this too big, is it too small, have we got the right people in the core group, what will they be doing, you know, how feasible is that, how will it make a difference. So, I certainly felt last time, we'd reached that real point of saying OK, we need to start naming this now and between now and summer, the end of your summer term, which I know is only six weeks or so away now, isn't it?

Eight and a half including this.

Oh, eight and a half. Eight and three days and two hours.....

A couple of months, it's a couple of months away then.

With half term in between.

So I think what we were saying was certainly before, we do need to book some more MAISI meetings for next, from September, but between now and sort of the July meeting, we need to be firming up what it is that we want to do, who are the people that are going to be doing it and how we're going to get that process going.

Appendix 7

Summary of collaborative case studies used by the champion group

Case 13

Topic	Detail
Background information	<p>Young girl, year 1.</p> <p>3 siblings, two in another school.</p> <p>Several school changes, currently on 4th school.</p>
Classification of problem	Crisis.
Presenting nature of the problem (school observation)	<p>Child came to school with a large bruise measuring at least 9cm in diameter. The learning mentors brought this to the attention of the head teacher.</p> <p>On gentle questioning by the head teacher, the child said that the bruise was the result of a beating by her father.</p>
Additional information providing problem context	The family is known to social services.
Other information (e.g., suspicions currently unsubstantiated)	Social services noted a history of similar incidences from within and outside the borough.
Current links with external agencies/actions	Main link is with social services.
Current actions taking place in the school	<p>The head teacher called social services and the social worker took down the details immediately and indicated that the case would be dealt with. The SW called back with an update in the afternoon and requested that statements from all the staff that had seen the child should be sent to social services. The head teacher also sent a formal referral form.</p> <p>Head teacher was asked to inform the child's mother of the referral. However the mother sent a neighbour to pick up the child instead of coming herself. This feedback was also given to social services.</p> <p>Following the incident the child was absent from school for a few days. Her sister informed the school that she was off sick with a sore throat.</p> <p>On return to school, the child changed her story and declared that the injury occurred at school.</p>

Outstanding issues/queries/concerns about the process	<p>The head teacher noted the speedy response to the request.</p> <p>She also noted the communication between social services and the school and that her integrity was not questioned when she made the referral.</p> <p>The head teacher cited this as an example of agencies working together for the good of the child.</p>
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Case 14

Topic	Detail
Background information	Primary school boy, year 3.
Classification of problem	Crisis.
Presenting nature of the problem (school observation)	<p>Mother had a nervous breakdown and notified the school that the child would not be at school for a few days.</p> <p>The school immediately informed the education welfare officer.</p> <p>On return to school the child began to exhibit really bad behaviour. Support mechanisms were immediately put in place by the school as the home situation was known.</p>
Additional information received to provide context to the problem	History of behaviour problems with older sibling.
Other information (e.g. suspicions that are currently unsubstantiated)	
Current links with external agencies/actions	<p>Previous interventions noted as follows:</p> <p>PRU – One day anger management course.</p> <p>Police – on site due to a disturbance caused by child and older sibling.</p>
Current actions taking place in the school	Much targeted support. Child is in the School Action Programme for Emotional Behaviour Disorder.
Outstanding issues/queries/concerns about the process	

Case 15

Topic	Detail
Background information	None provided.
Classification of problem	Crisis.

Presenting nature of the problem (school observation)	Parental health issues (not mental health). Parent unable to bring child to school and doesn't trust other parents to help.
Additional information providing problem context	Noted that the council only provides transport when the child, not the parent, has a medical problem.
Other information (e.g., currently unsubstantiated suspicions)	
Current links with external agencies/actions	
Current actions taking place in the school.	School phoned the education welfare officer.
Outstanding issues/queries/concerns about the process	School informed by health services that this would be an education issue as it is the carer's not the child's health.

Other cases in brief:

Case 16

Environmental factors/transition: Two children, one in year 6 and therefore soon to go to secondary school. Neither getting the parenting required to assist their learning. Behavioural issues; mainly unhappiness and aggression.

Concerns that the older child will not be able to cope with secondary school.

Noted the need for full family support rather than a focus on the children's behaviour.

Case 17

Status: Evidence that in some cases the statementing process could lead to lowering of the child's self-esteem.

Case 18

Specific issue regarding Looked After Children (out of borough) – arguments regarding who funds the additional support required.

Case 19

Behaviour: Secondary school child, history of domestic violence in the home. Child has attacked mother. Ongoing input from Behaviour Support.

This case highlighted the need for clarity when making referral to additional agencies. For example, what value would Social Services add to this scenario, possible refuge for mother??

Appendix 8

Case analysis for champion group meeting

11th February 2005, at N Primary School

Preamble

Heads met to discuss the following:

- Cases that would have been referred to a multi-agency team if one existed
- The type of intervention that would be required
- The presenting nature of the additional need

A total of 12 cases were discussed, some in more detail than others. The overall breakdown (based on classifications detailed on 17th January) were as follows:

- Crisis situations (3)
- Ticking clock situations (2)
- Dripping tap situations (7)

The following framework is used to report cases:

- Background information
- Classification of problem
- Presenting nature of the problem (i.e. school observation)
- Additional information received to provide context to the problem
- Other information (e.g. suspicions that are currently unsubstantiated)
- Current links to external agencies and actions being taken by these agencies
- Current actions taking place in school
- Outstanding issues/ queries / concerns about the process

Best practice information

During the meeting, the following was noted as an example of best practice:

Use of a child protection book

Kept by the head teacher, this book is used to identify concerns as they occur. Each entry in the book gives details of the child, date, time, event, person who expressed the concern etc. The head teacher reviews entries on a regular basis.

The Child Protection Book is strictly confidential and is kept in the main school office. Use of the book is for ANY member of staff via the school office manager who informs the head teacher that an entry has been made. The book is monitored regularly (usually weekly) by the head teacher.

Any other Business

Noted overlap and the potential for conflict between the MAISI and behaviour improvement agendas.

Case Details**Case 1**

Topic	Detail
Background information	Siblings – boy (10–11 years) and sister (5–6 years).
Classification of problem	Crisis.
Presenting nature of the problem (school observation)	<p>The boy exhibits serious behaviour problems at school. This includes slamming and kicking doors and highly emotional outbursts.</p> <p>He is a bright child who appears to have lost his self-esteem. He often looks neglected.</p> <p>The sister has now been absent from school for two days in a row.</p>
Additional information providing problem context	<p>The mother has mental health problems, which are aggravated by certain external triggers. At times, her condition is so bad that the children are required to stay with a grand parent. Her partner left home recently and this could trigger a relapse.</p> <p>Following a recent unsuccessful attempt to abandon the children with social services, the mother and partner then threatened to leave both children at the police station.</p> <p>The boy now seems to be putting himself in danger by going out late at night with another child.</p>
Other information (e.g., currently unsubstantiated suspicions)	The school suspects abuse of some kind but can not prove this.
Current links with external agencies/actions.	<p>Main link is with social services.</p> <p>The head teacher spoke to the Pupil Referral Unit. However, as the boy does not have a long history of behaviour problems, a place was refused.</p> <p>Social services are to convene an urgent case conference in the near future.</p>
Current actions taking place in the school.	<p>Every attempt is being made to avoid exclusion.</p> <p>The school is currently using a learning mentor to provide support.</p>

	Also, during lunch breaks, he is given some work to do in the head teacher's office.
Outstanding issues/queries/ concerns about the process	<p>A lot could go wrong between now and the date of the case conference.</p> <p>The need to speed up the process was emphasised.</p>

Case 2

Topic	Detail
Background information	Nursery aged female child. Registered with school in January 2005.
Classification of problem	Crisis.
Presenting nature of the problem (school observation)	Child has been absent from school for most of the first half-term.
Additional information providing problem context	A teacher conducted a home visit and noted that the home environment was not appropriate for a young child. Observations included – a used potty, no carpeting and generally smelly & dirty.
Other information (e.g., currently unsubstantiated suspicions)	The mother appears very needy. It appears as though the child is giving the mother emotional support.
Current links with external agencies/actions.	<p>Main links:</p> <ul style="list-style-type: none"> ▪ Social services ▪ Educational welfare <p>Immediately following the teacher's observations at the home visit, the head teacher contacted social services and sent in the relevant forms.</p> <p>The head was asked to inform the parent that a referral had been made. The conversation was distressing and revealed that the mother needed additional help.</p> <p>The education welfare officer went round to the house and brought the child to school.</p> <p>Social services are to hold a case conference soon.</p>
Current actions taking place in the school.	Monitoring the situation.
Outstanding issues/ queries/ concerns about the process.	<p>The need for –</p> <ul style="list-style-type: none"> ▪ Clarity about the most appropriate person to inform parents/carers that a referral has been made; ▪ A speedy resolution; ▪ Ongoing communication with school about actions being taken by the various agencies.

Case 3

Topic	Detail
Background information	<p>Four children involved.</p> <p>Two siblings (male) living with natural father (attending school A).</p> <p>Two siblings (male & female) living with natural mother (attending school B).</p> <p>A previous relationship between the father and mother has now ended. This is due to allegations of abuse made by the female child (attending school B) against one of the male children (attending school A).</p>
Classification of problem	Crisis.
Presenting nature of the problem (school observation)	<p>The male siblings in school A exhibit aggressive behaviour and an inability to concentrate in lessons.</p> <p>The Child Protection Team has also been contacted due to bruises apparently caused by physical abuse from the natural mother's partner during a weekend visit.</p> <p><i>No issues with children in school B.</i></p>
Additional information providing problem context	<p>Up until 2 years ago, the boys paid weekend visits to their natural mother. However, following these weekend visits it was observed that the boys would come back to school very depressed and display very aggressive behaviour towards peers and teachers.</p> <p>Extensive probing revealed that the mother's partner was physically abusing the boys.</p>
Other information (e.g., currently unsubstantiated suspicions)	Some issues about inappropriate sexual material, which the boys had access to at their natural mother's home.
Current links with external agencies/actions.	Child protection (social services) due to bruises.
Current actions taking place in the school.	<p>One meeting with mother (May 2004).</p> <p>Extensive work with the learning mentor.</p> <p>Noted the need for counselling and the services of the Child & Adolescent Mental Health team (CAMHS). The learning mentor is currently trying to arrange counselling sessions.</p>
Outstanding issues/queries/ concerns	<p>The need for –</p> <ul style="list-style-type: none"> ▪ A speedy resolution to the problem;

about the process.	<ul style="list-style-type: none">▪ A co-ordinated approach to cross agency communication.
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Case 4

Topic	Detail
Background information	Female child (10 – 11 years). Living with mother.
Classification of problem	Dripping tap.
Presenting nature of the problem (school observation)	Mother reported to the head teacher that she had significant problems controlling her daughter at home. She asked for sources of help such as CAMHS, which the school then followed up on.
Additional information providing problem context	It subsequently emerged that the child was putting herself in danger by going out for periods of up to two hours in the evenings (including dark winter evenings), without her mother's permission.
Other information (e.g., currently unsubstantiated suspicions)	
Current links with external agencies/actions.	Social services. The head teacher made a referral to social services because of the perceived danger to the child. A follow-up call to social services revealed that the case had been closed because the mother had failed to attend meetings. At the request of the head teacher the case was re-opened and was being re-considered by social services when the family changed schools. Information was passed to the new school (outside the borough) by the head teacher and social services also made contact with the receiving social services department. However, the child didn't actually start school in the new borough and has since returned to Bexley, where a secondary school place is being sought.
Current actions taking place in the school.	The child has now left the school, but there is ongoing monitoring of the situation.
Outstanding issues/queries/ concerns about the process	The need for – <ul style="list-style-type: none"> ▪ Follow-up action/ exploration of surrounding issues if parent/carers do not attend set meetings – main issue; ▪ Communication from the relevant agency (social services in this case)

	with the school about actions being taken
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Case 5

Topic	Detail
Background information	Female child of reception age recently transferred from school C to school D. The child lives with her mother and older siblings.
Classification of problem	Previous crisis currently classed as dripping tap.
Presenting nature of the problem (school observation)	<p>Previous school expressed concerns due to the child displaying inappropriate sexual behaviour in school. This, and family history resulted in the child being put on the "at risk" register.</p> <p>Following a case conference held in January 2005, the child has now been de-registered. She started at school D on 6th January 2005.</p> <p>Since starting at school D, 3 separate incidences have been recorded in the school's child protection book including –</p> <ol style="list-style-type: none"> 1. Child fell asleep in school and staff found it difficult to revive her. Concussion was questioned and a first-aider brought in. The mother's explanation was that the child had fallen out of her bunk the previous night and hurt her chest. First-aider requested that the mother take the child to A & E due to symptoms of a head injury (the first-aider had noted a bump on the back of the child's head). 2. In a separate incident a few weeks later, the first aider was called because the child had experienced uncontrollable shaking during class lessons. When questioned, the child informed staff that she had not had breakfast.
Additional information providing problem context	<p>Ongoing monitoring by social services.</p> <p>History of sexual abuse to older siblings.</p> <p>Stepfather, previously resident with the family is now off the scene.</p>
Other information	
Current links with external agencies/actions.	<p>Social services.</p> <p>Ongoing play therapy sessions.</p>
Current actions taking place in the school.	<p>Close liaison between the school, social services and the mother (who is in regular contact with the school team manager).</p> <p>Ongoing monitoring and entry into the child protection book.</p>
Outstanding issues/queries/concerns about the	<p>The need for –</p> <ul style="list-style-type: none"> ▪ Any future referrals to take account of the concerns raised in the previous school

process	<ul style="list-style-type: none">▪ Communication with the school to provide information about how actions are progressing.▪ Health link to establish any other reasons for 'inappropriate sexual behaviour'.
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Case 6

Topic	Detail
Background information	Male child with several older and younger siblings.
Classification of problem	Dripping tap.
Presenting nature of the problem (school observation)	<p>The boy had been making good progress up until the Christmas holiday.</p> <p>On returning to school in January, there has been a significant negative change in his behaviour. This includes poor attitude to work, negative attitude to adults, violence toward peers and general low self-esteem.</p>
Additional information providing problem context	The family is on the “at risk” register and receives good support from social services.
Other information (e.g., currently unsubstantiated suspicions)	<p>The only change that staff have been able to identify is that the boy had contact with an uncle over the Christmas break. This uncle is a known schedule 1 offender. The boy has informed learning mentors that he “hates” his uncle. However, he has given no reasons for these feelings.</p> <p>The school suspects that some form of abuse took place during the Christmas holiday.</p>
Current links with external agencies/actions.	Social services are working on the case.
Current actions taking place in the school.	Work with learning mentors.
Outstanding issues/queries/ concerns about the process	<p>The need for –</p> <ul style="list-style-type: none"> ▪ A detailed investigation about the reasons for the boy’s changed behaviour following the Christmas break.

Case 7

Topic	Detail
Background information	Male child with a younger sibling of pre-school age.
Classification of problem	Ticking over.
Presenting nature of the problem (school observation)	The Special Educational Needs Co-ordinator (SENCO) noted the boy was coming into school looking neglected -“smelly and unkempt”.
Additional information providing problem context	The SENCO spoke to the mother, with the head teacher’s agreement. Also, because it was known that the boy had a younger sibling, the SENCO spoke to the school nurse to see whether the nurse could liaise with the home visitor.
Other information (e.g., currently unsubstantiated suspicions)	
Current links with external agencies/actions.	<p>Social services.</p> <p>After a while when no change was noted, the school made a referral to social services.</p> <p>When the SENCO contacted social services for an update s/he was advised that a home visit had been carried out. Social services indicated that they would continue to monitor the situation and had set some targets. For example the mother was asked to take the child to the doctor to check the possibility of any underlying medical conditions.</p> <p>The school has also heard from the family centre and been advised that the centre is working with the family.</p> <p>However there has been no update about whether the child has been to the doctor as set out in the mother’s targets.</p>
Current actions taking place in the school.	Monitoring shows that the situation has improved.
Outstanding issues/queries/ concerns about the process	<p>The need for –</p> <ul style="list-style-type: none"> ▪ A co-ordinated approach where <u>several agencies</u> are involved in a case – main issue; ▪ Communication to the school to inform on actions/ progress.

Case 8

Topic	Detail
Background information	Child with statement of special educational needs (reference also made to other cases of absenteeism).
Classification of problem	Dripping tap.
Presenting nature of the problem (school observation)	Absenteeism. The child attends school practically every other day. The mother seems to be under the influence of alcohol when she drops her child off at school.
Additional information providing problem context	The learning mentor visited the home to determine the reason for the child's absenteeism/ lateness. The mother complains that the next door neighbour has big parties and that this prevents the child from getting enough sleep. On a recent visit, the learning mentors also discovered that the child's father is back at home (following a period of absence).
Other information (e.g., currently unsubstantiated suspicions)	
Current links with external agencies/actions.	Child & Adolescent Mental Health Services (CAMHS). Child has had multiple referrals to CAMHS
Current actions taking place in the school.	Ongoing actions by the learning mentors (one of whom is responsible for school attendance).
Outstanding issues/queries/ concerns about the process	The need for – <ul style="list-style-type: none"> Detailed investigations into the underlying reason for specific cases of absenteeism/ lateness (another case was noted where it was clear that the mother condoned the child's absence by issuing numerous 'sick notes'. It was also noted that some cases could be linked to health issues – e.g. mother with post-natal depression); The enforcement of attendance orders by education welfare (which would be supported by the school).

Case 9

Topic	Detail
Background information	Female child being bullied following allegations of sexual abuse against a fellow pupil.
Classification of problem	Dripping tap.
Presenting nature of the problem (school observation)	A male pupil accused of abuse and was subsequently sent to live with foster parents. The boy's sister who also attends the school has resorted to taunting the girl who made the allegation, who she blames for getting her brother sent away.
Additional information providing problem context	
Other information (e.g., currently unsubstantiated suspicions)	
Current links with external agencies/actions.	Referral to CAMHS due to distress experienced in the school
Current actions taking place in the school.	Monitoring
Outstanding issues/queries/ concerns about the process	The need for – <ul style="list-style-type: none"> ▪ Ready access to the CAMHS

Case 10

Topic	Detail
Background information	Not discussed in detail.
Classification of problem	Dripping tap.
Presenting nature of the problem (school observation)	A child being driven to school by a parent under the influence of alcohol. The "lollipop lady" noted the haphazard and dangerous driving and called the police.
Additional information providing problem context	Case reported to social services.
Other information (e.g., currently unsubstantiated suspicions)	
Current links with external agencies/actions.	Police force. Social services. Following police involvement, social services has now indicated that no further action will be taken. The school has received a letter to state that the case has been closed.
Current actions taking place in the school.	Monitoring.
Outstanding	The need for –

issues/queries/ concerns about the process	<ul style="list-style-type: none"> ▪ Ongoing communication regarding actions being taken and outcomes across the various agencies.
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Case 11

Topic	Detail
Background information	Several similar cases revealing the absence of cross-borough networks
Classification of problem	Full range from dripping tap to crisis.
Presenting nature of the problem (school observation)	Children resident in other boroughs. Specific case of classic depression and attempts to self-harm noted.
Additional information providing problem context	
Other information (e.g., currently unsubstantiated suspicions)	
Current links with external agencies/actions.	No clarity about where the responsibilities lie. Social services in the resident borough feel that the school borough should take responsibility for behavioural problems and vice versa.
Current actions taking place in the school.	Ongoing discussions with social services in the child's resident borough.
Outstanding issues/queries/ concerns about the process	<p>The need for –</p> <ul style="list-style-type: none"> ▪ A link person to take care of cross-borough issues; ▪ Clarity about which borough is responsible in which circumstances.

Case 12

Topic	Detail
Background information	Several similar cases with a 'Health' dimension
Classification of problem	Mostly ongoing
Presenting nature of the problem (school observation)	<ol style="list-style-type: none"> 1. Modifications required for a child with a disease of the hip joint co-ordinated by the school. 2. Inability to contact a diabetes nurse.
Additional information providing problem context	
Other information (e.g., currently unsubstantiated suspicions)	
Current links with external agencies/actions.	Main link is through the school nurse who only works part time.
Current actions taking	Constant 'chasing' to get things done (e.g.,

place in the school.	getting ramp installed for child (1) above).
Outstanding issues/queries/ concerns about the process	The need for – <ul style="list-style-type: none"> ▪ A co-ordinated approach to all cases with a health dimension with specialist involvement when required.

Key issues noted from all cases

The following key issues were raised:

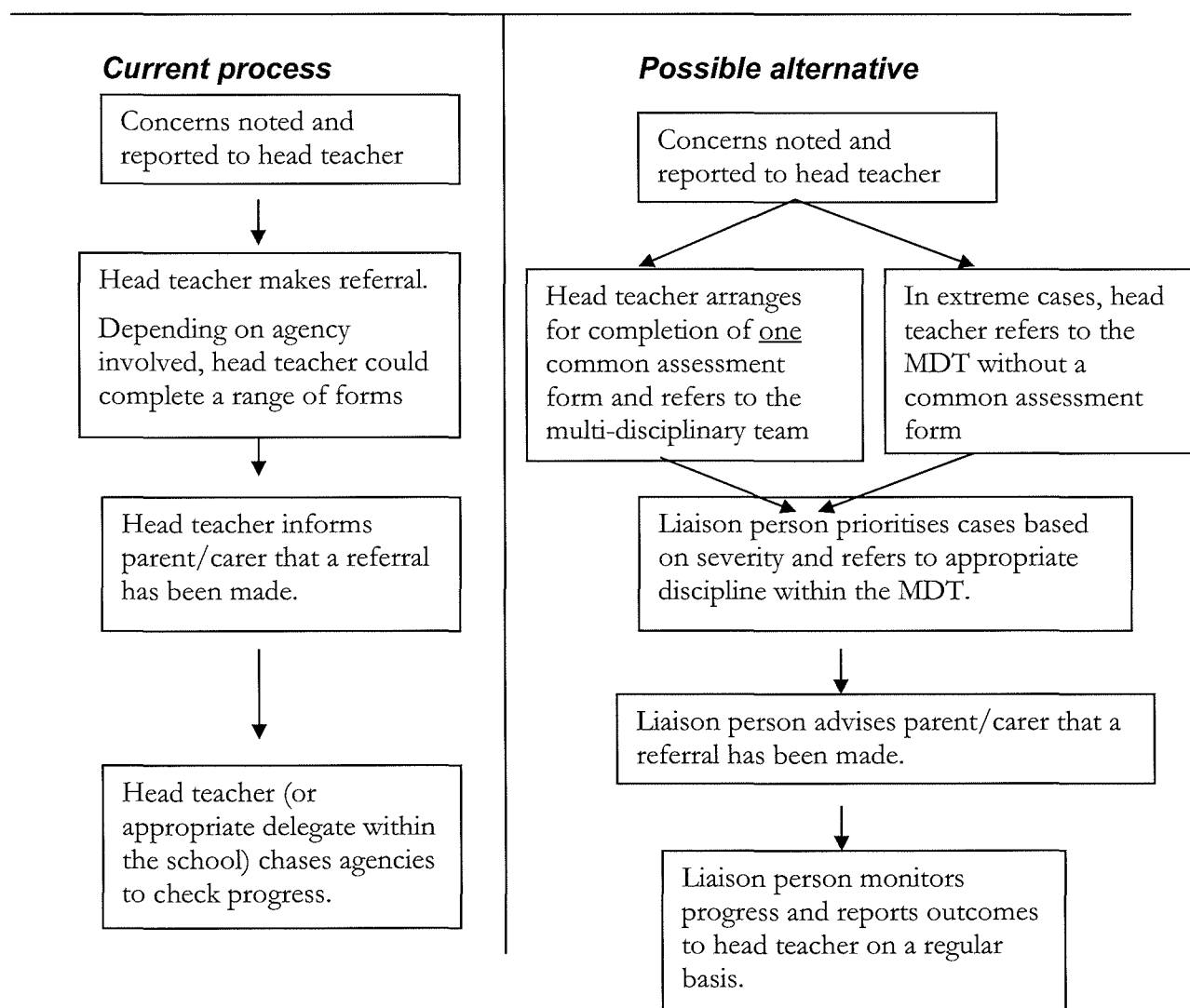
- Who is responsible for informing the parent/ carer when a referral is made?
- Who is responsible for following-up individual cases - ensuring progress and investigating relevant background information?
- Who is responsible for ensuring that the school is kept up-to-date on progress against key actions being undertaken by other agencies?
- Where a multiple agency approach is required, who is currently responsible for the liaison function (going back to the model of a single 'Liaison role')?
- Is a single "Liaison person sufficient"? For example it could be a single "liaison contact telephone number" with a pool of officers to co-ordinate issues.
- Length of time between problem identification and core conference – a key issue with some crisis situations.

Heads could identify (on average) three cases per school that would have been referred to the multi-disciplinary team, if one existed.*

*Note: The effectiveness of a multi-disciplinary team set-up would be dependent on the level of commitment by the various workers making up the team.

Appendix 9

Model used as part of case study analysis



Case 13

Topic	Detail
Background information	<p>Young girl, year 1.</p> <p>3 siblings, two of them are in another school.</p> <p>Several school changes, currently on 4th school.</p>
Classification of problem	Crisis
Presenting nature of the problem (school observation)	<p>Child came to school with a large bruise measuring at least 9cm in diameter. The learning mentors brought this to the attention of the head teacher.</p> <p>On gentle questioning by the head teacher, the child said that the bruise was the result of a beating by her father.</p>
Additional information that provides context to the problem	The family is known to social services.
Other information (e.g. suspicions currently unsubstantiated)	Social services noted a history of similar incidences from within and outside the borough.
Current links with external agencies/actions.	Main link is with social services.
Current actions taking place in the school.	<p>The head teacher called social services and the social worker took down the details immediately and indicated that the case would be dealt with. The SW called back with an update in the afternoon and requested that statements from all the staff that had seen the child should be sent to social services. The head teacher also sent a formal referral form.</p> <p>Head teacher was asked to inform the child's mother of the referral. However the mother sent a neighbour to pick up the child instead of coming herself. This feedback was also given to social services.</p> <p>Following the incident the child was absent from school for a few days. Her sister informed the school that she was off sick with a sore throat.</p> <p>On return to school, the child changed her story and declared that the injury occurred at school.</p>
Outstanding issues/queries/ concerns	The head teacher noted the speedy response to the request.

about the process

She also noted the communication between social services and the school and that her integrity was not questioned when she made the referral.

The head teacher cited this as an example of agencies working together for the good of the child.
